N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MANENT MARGIN RESERVED FOR BINDING 0 INLY, WITH UNFADING INK--THIS IS, A WRITE

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Schal	CERTIFICATE OF DEATH
· 1	Registration Dist. No. 2104
Village or City of autilia (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED Holowed OR DIVORCED (Write the word)	18 DATE OF DEATH Communities of 1930 (Month) (Day) (Year)
6 DATE OF BIRTH  November 23., 1848  (Month) (Day) (Year)	that I last saw h alive on Month of the deceased from 1923.
7 AGE	The CAUSE OF DEATH & annu as fallows.
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Ohromor Myocarditer
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) //	Contributory Secondary
10 NAME OF Just or, Ad.	(Signed) (Address) (Reskuttur
OF FATHER Z (State or country)  12 MAIDEN NAME Z 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Construct Bryan  13 BIRTHPLACE OF MOTHER (State or Country)  Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Matter S. armeting  (Address) 902 Washingty Les, Tagas	Former or usual residence
15 Filed Nor 5 1980 F. Shrith	Las a Hodd Kufulony
If more blanks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10001

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screaul, Cook, work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return". Laborer, ""Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fuiness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-6 The ques-Grocery;

EACH COUNTY OF Cause of Death—Name, first, the DINEAR COUNTY DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuly "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the dark is essential and must be obtained before the certificate is permanently filed.

B No. 1

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PLACE OF DEATH  County / Level =	10507 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Still fond (No	Registration Dist. No.  St.: Ward)  Alivell  Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of anumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH  Sept 8  (Month)  (Day)  (Year)
(Month) (Day) (Year)  7 AGE  SS yrs. mos. 7 ds or min.?	that I last saw her alive on Sept 8th, 1920,
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs., mos., de.  Contributory Paralysis applant
S BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF TATHER  OF TATHER	(Signed)
of MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Constant of Country)	At place of death yrs
(Informant) Elmer atwell (Address) Still Poud mo  Filed Show 1930 J. H. Celaula Registras	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Lalaya Cornelery Sept// 1930.  20 UNDERTAKER  BAR Follows Stillfond,
If more b.anks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Quar

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., Withous Laborer, Laborerfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation; at beginning of illness. If retired iron business, that fact may be indicated thus; Farm 1 (re-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, whatever, write Vonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planler, sician, Compositor, Architect, Locomotive engineer, wher, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many -Coal mine, etc. Wom-

sfinal meningitis"; Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cereproll ed term for the same disease. Examples: Cerebrosp to time and causation), using always the same accept-EAST COUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia"); pueumonia, Bronchopneumonia ("Pneumonia,

> Capproved by Committee on Nomenclature . (Recommendations on statement of cause of death stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) tions, such as "Asthenia," "Anacmia" (merely symptomcarbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "" "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles ;

answered in detail, it will prevent further correspondence. data It this certificate is looked over thoroughly and a l qu stions is essential and must be obtained before the certificate is

permanently filed.

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4-1	B	

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the degeased from (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 1927 (Address) 11 BIRTHPLACE \*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER .....yrs..........ds. State.....yrs.....mos..... of death (State or Country) Where was disesse contracted, if not at place of dea h?..... Former or usual residence 19 PLACE OF BURHAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Registrar

(Approved by U. S. Census and American Public Health Association.)

tired 6 ins). For persons who have no occupation should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oewhatever, write None. business, that fact may be indicated thus; Farmer (restate. occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationory firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a er," etc., Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foremon, or For many occupations a especially in industrial employments, it is neces-At Home, and children, not gainfully emwithout more precise specification as Doy (b) Automobile fullory. The material single word or term on

Statement of Cause of Death—Name, first, the Dis-Ease Way and Causation, using always the same acceptted tent for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic eerebrosginal meningitis"; Diphtheria (avoid use of "Croup,"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar: memoria, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. telanus) may be stated under the head of "contributory." "Inanition," "Weakness," etc., when a definite disease "Enaustion," "Heart Janue,
> "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Haemorrhage," eausing death), 29 ds.; Bronchopneumonia (seeondary), stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trointaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinomo, Sorcoma, etc., o: Never report mere symptoms or terminal condi (name origin; "Caneer" is less definite; avoid cough; Chronic valvular heart disease, etc. The contributory Measles ; death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Real	CERTIFICATE OF DEATH
County	A A A
01-1	(129) Registration Dist. No.
Village or City les Certore No.	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LE ONGLE	
MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hor alive on James 8, 1930.
7 AGE [If LESS than	and that death occurred on the date stated above, at b. 15 h.m.
1 day hrs.	The CAUSE OF DEATH * was as follows:
88 yrs. 7 mos. 26 ds. or min.?	
8 OCCUPATION	Chronic Interstitial prophectes
(a) Trade, profession or particular kind of work	
(b) General nature of industry we	20
business, or establishment in which employed or (employer)	(Duration) 20 yes mos ds.
	Secondary Secondary
(State or country) / Car create.	(Duration) 2 yrs mos ds.
TO NAME OF Sauce Fragier	(Signed) Harry Land M. D.
11 BIRTHPLACE	radden 9 180 (Add to liester handy flat
OF FATHER (State or country) Maryland.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Curking Editha Shave	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mary Raced,	At place of death yrs mos, ds. In the State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Information, El wood Baker (Son	Former or justal residence
(Adarkesterbour, Med.	Ohrester from Md. June 11. 1956.
15 Filedfune 10 1920 Ell J Market	Leshas L Wood d. Chaptertown
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed (a) Foreman, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature totanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart Janux," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Cour	nty PLACE OF DEATH  nty / Lew / -	O3061 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200
Villa	ego or City Milleright (No. ).	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	enal Color or race 5 single Widowed will will word (Krist the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
	MATE OF BIRTH  (Month)  (Day)  (Year)	Seff 18 38 .191 , to Phank 9 .1980.  that I last saw has alive on Phank 9 .1980.
7 AG	yrs ds.   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1. 9 m. The CAUSE OF DEATH * was as follows:
(a pai (b	CCUPATION  1) Trade, profession, nr rilcular kind of work  1) General nature of industry siness, or establishment in	(Buration) yrs. mea do
	IRTHPLACE (State or country)	Centributory Secondary (Burallen)
w	10 NAME OF THE POUR LIGHT	(Signed) F. S. Coffee , n. e.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, etale (1) MEANS OF INJURY; and (2) whother ACCIDENTAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place 3 yrs. mos. ds. State, 5 3 yrs. mos. ds.
	(Informant) June Dance	Where was disease contracted. If not at place of death? Former or usual residence
16	ed 3/10 19DU Mr. Byner feeful REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  March 11, 183. 0  20 UNDERTAKER  Solvin Ben Millington
1	If more blanks are needed address State Revietron 1	R W Serators St Balto Requesting V S No 1

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[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Servant, Cook, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer, If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar maximal ("Pneumonia," meningialified, is indefinite); Tuberculosis of lungs, meningialities.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia,"
"Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from childby railway train-accident; Revolver "Old Age," "Shock," "Coma," (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" (secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Contributory." (Recommendations "Uracmia," "Weakness, carbolic State cause for which "Atrophy," acid-probably wound ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County A end-	CERTIFICATE OF DEATH
0, 0	Registration Dist. No. 909
Village or City the sly Lown No.	St: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and
2FULL NAME Strailed UU	USANTITI stead or street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Oay) (Year)	that I last saw h alive on hung 6 1920
7 AGE [If LESS than	and that death occurred on the date stated above, at 1/2/2 Am.
/JC yrs. JC mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Conti Doposec
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) Tyrs 6 mos ds.
which employed or (employer)	Contributory Party for College
(State or country) Kerat Co, Md,	(Quration) Dyrs 5 mos. de.
FATHER Winn All Banest	(Signed) O Way Whaland M. D.
IN 11 BIRTHPLACE OF FATHER OF FATHER	1900 (Address) Market
C (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margarel Staremen	is LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- tents or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds.  Where was disesse contracted, if not at place of death?
ON IN Prost	Former or usual residence.
(Informant) Oury of Statted	19 PENCE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) This way	Tomorne Kent & Marfuly 9 -1030
Filed July 8 1920 V. J. Stucks Registrar	20 UNDERTAKER Hicks Huelialsons
If more banks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Act 1.
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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanure, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, tion applies to each and every first line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. Automobile factory. The material person, irrespective of But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) approved by Committee on "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the disease; not be

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V. S. No. 1

	PLACE OF DEATH	03062 STATE OF MARYLAND
	County Stews	CERTIFICATE OF DEATH
	1	Registration Dist. No. 2014
	Village or Affar Fairle (No. lefest	St.: Ward)  (If death occurred in a hospital or Institution, give Its NAME II stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWGE OR DIVORCED (Write the word)	16 DATE OF DEATH Much .14 , 1938
	Month (Day) (Year)	17 M I HEREBY CERTIFY, That I attended the deceased from March / 1930, to Mar 14, 1980, that I lest sew homelive on March / 3, 1930,
	7 AGE   If LESS than   I day	and that death occurred on the date stated above, at 8.30 /m.  The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work Chrol Muniform	Helpinic Myocartile
O	business, or establishment which employed or (employer)	(Duration) vrs. mos de.
	State or country) Churles Ca	Secondary (Durstion) yrs
	10 NAME OF B. Dally Sa	(Signed) Trace (Address) Cledellan V
	of FATHER (State or country) Chester Fa	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Collect	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensiente or Recent Residents)
	OF MOTHER (State or Country)  Manglaud	At plece of deathmosds. In the Statemosds.  Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dee.h?
(Informant) Myrelatte Satty  (Address) Alestectaron + V  Filed May 14 1980 F. M. Smith	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MAY 15. 19.30	
	15 O 1010 · 1	1 Down to love Chestertoron
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory not be

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7. S. No. 1

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	ptime
PLACE OF DEATH	0544 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Kennedyville	Registration Dist. No
2FULL NAME Qulia an	a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word)	16 DATE OF DEATH    Can 2
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That i attended the decessed from
blong ho, 1	that i last saw her alive on low and 1937
(Month) (Day) (Year)  7 AGE	- 25A
yra. Lumos de or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Housework	Cancer of Liver
(b) General nature of industry ousiness, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country) norgan neck	Contributory Secondary  (Dyration) yrs mos ds
10 NAME OF FATHER ALE - ALA A ROLL DO DA	(Signed) J. J. WWELL M. D
II BIRTHPLACE	Jan 4 1925 (Address) Sull One
Z (State or country) Shell Fonder	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER anadine Heurs	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferates or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs nos ds. State yrs nos ds
(State or country)  14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Line ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
(Informant) Longe R Sewell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Kennedysville hu	119
15 Filed the 4 1980 Melack	20 UNDERTAKER Still Poud
16 man haple are modeled address State Registra	ar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Duy laborer, Ferm. laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Collon mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" 'Foroman," 'Manager," 'Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Physician, Compositor, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on in.s). For persons (0) the kind of work and also (b) the Architect, who have no occupation Salesman, (b) Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the DisEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal
fever (the only definite synonym is "Epidemic cere brospinal meningitis"); Diphilieria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
I shar pneumonia. Bronchopneumonia ("Pneumonia,")

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(C) American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Exhaustion," "Heart lanue,
"Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of curbolic acid--probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely Whooping cough; Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trein .... (name origin; "Cancer" is less definite; avoid be ascertained as the cause. Always qualify all "Atrophy." "Collapse," "Coma," "Convulsions," interstitial nephritis, Chronic valvular heart etc. The contributory Nomenclature disease;

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V. S. No. 1

PLACE OF DEATH_ County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village breitstalmecke (No. Ohesler 2FULL NAME NOEA Bla	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCE ON COR DIVORCE (Write the word)	16 DATE OF DEATH OLEG 9, 1939(Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I grended the deceased from 1920 to 1920, 1920, that I have saw be alive on 1920,
7 AGE  1 GLESS than I day hrs. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Masslaud	(Duration) yrs 3 mos ds.  Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER OCH Willams  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MANY SAME  12 MAIDEN NAME OF MANY SAME  13 MAIDEN NAME OF MANY SAME  14 MAIDEN NAME OF MANY SAME  15 MAIDEN NAME OF MANY SAME  16 MAIDEN NAME OF MANY SAME  17 MAIDEN NAME OF MANY SAME  18 MAIDEN NAME OF MANY SAME  19 MAIDEN NAME OF MANY SAME  10 NAME OF MANY SAME  11 BIRTHPLACE  OF FATHER OCH WILLIAMS  11 BIRTHPLACE  OF FATHER OCH WILLIAMS  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN	(Signed)  M. D.  (Signed)  (Address)  (Address)  (Address)  (Address)  (Ballolow)  (State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER VAILING BALLACE  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).  At place of death yrs mos ds. In the State yrs mos ds.  Where was disease contracted,
(Informant) McMally Place.	Former or usual residence
Filed Aug // 1980 The August Registrar	Lo UN DERTAKER MODEL ADDRESS Lo Nas L. Model Lehrsky horr  1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). business, that fact may be indicated thus; Furnicr (redefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary firemun, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as household only (not paid Housekeepers who receive a Physician, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, At school, or At home. Care should be taken For persons who have no occupation

Ease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid favor (never report "Typhoid Pneumonia"); Lobar pineumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL scplicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; (secondary "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease; statement of cause of Example: Measles (disease etc. The contributory

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PLACE OF DEATH	09357 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
WOTHIN GOLDENNAS (THE TOTAL ) -	Registration Dist, No.
Village or City Musley Low No. 2FULL NAME May 5	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
-FOLL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale While (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH July 27, 1840	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that Vlast saw h.C. alive on Chiga 15, 1980,
7 AGE  90 yrs. 0 mos. 9 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Lobar Puemonia.
(b) General nature of industry business, or establishment in	10.
which employed or (employer)	Contributoryde.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
10 NAME OF John & Reed	(Signed) M. D.
OF FATHER  CState or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER UMM UNShall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs described by the d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	former or usual residence
(Address) Kinnedyville Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLS 1930
Filed aug 18-1930 W T Hicks	20 UNDERTAKER Hicks Appress
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

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HYSI-Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH XACTLY, PI Registration Dist. No. 200 (If death occurred in St.: Ward) properly class of certificates a hospital or institution, give Its NAME is number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 3 SEX 16 DATE OF DEATH WIDOWED. Widowls OR DIVORCED (Write the word) 6 DATE OF BIRTH HEREBY CERTIFY, That Lattended the decemed from (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: de. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) 4 which employed or (employer) Contributory 9 SIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) (Address) RENTS OF FATHER CAUST State the Discase Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAMI PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State ients or Recent Residents) Occus 13 BIRTHPLACE At place of death yrs \_\_\_\_\_ds. In the OF MOTHER (State or country) should Where was disease contracted, of 14 THE ABOVE IS TRUE if not at place of dea.h?... Every item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL If more branks are needed addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Never return" Laborer." "Foreman," "Nanager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, r," etc., Foreman, or At Home, and children, not gainfully emyrs). Farm laborer. (b) Cotton mill; (a) Salesman. without more precise specification as Day many occupations a (b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. Womsingle word or term on As examples: (a) (6) Grocery;

spinal meningitis"; Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept EA. 3 CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DE-Typhoid fever (never report "Typhoid Pneumonia""; (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepeis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can he ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary). stated unless important. use of "Tumor" for malignant neoplasms); Measles American Medical Association.) delaws, may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Uraemia, (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiby Committee on Nomenclature cough; "Weakness," etc., when a definite disease or intercurrent) affection need not be see important. Example: Measles (disease Chronic valeular heart disease etc. The contributory

and wered in detail, it will prevent further correspondence. If th Sill. essential and must be obtained before the certificate is certificate is looked over thoroughly and all qu stions

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1PLACE OF DEATH	03117 s
County Keus	(II3) CE
Tillage or City Broves lowers.	s
2FULL NAME Junies Poll	rk
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
(Month) (Day) (Year)	17 I HEREBY CER
yrs. mos. 20 ds. or min.?  S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH * .
State or country) Kent Bo Ang	Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
1-110.	Former or

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) (if death occurred in a hospital or institu-

tion, give its NAME. in-stend of street and number.)

6 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from nd that death occured on the date stated above, at .7 he CAUSE OF DEATH \* was as follows: (Duration). Contributory Secondary \*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

MEDICAL CERTIFICATE OF DEATH

OF BURIAL OR REMOVAL

usual residence

20 UNDERTAKER

DATE OF BURIAL

In the

Registra

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Nervant, Cook, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: 'a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to yreport ployed, as At school, or At home. Care should be taken Spinner, Physician, Compositor, Architect, whatever, write None. etc., rner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foremen, (b) Automobile jactory. The nuterial to know For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day specifically the occupations of persons en-(2) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the DISMANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); phhoid fever (never report "Typhoid Pneumonia"); abor pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease Idanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinonia, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., separis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. Whooping cough; American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-uch as "Asthenia," "Anaemia" (merely symptominterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) Chronic Example: Measles (disease etc. The contributory affection need not valendar heart Nomenclature of the Always qualify all ", etc.), "Dropsy, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

of certificate.

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See Instructions

ATION is very important.

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In plain terms so

### STATE OF MARYLAND CERTIFICATE OF DEATH

2)	Registration	Dist.	No. La
		4.0	

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-

tion, give its NAME is stead of street and number.)

	16 DATE OF DEATH Aug 2 3 , 1922
-	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	that I last saw h alive on
3	and that death occurred on the date stated above, atm
	The CAUSE OF DEATH & was as follows:
?	granda expendir
1	lues 0
	1 · · · · · · · · · · · · · · · · · · ·
	yrs,mosds,
	Contributory
	Secondary
-	(Duration) yrs
	(Signed) M. D.
	acq 23 1927 (Address) Baselulong A
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place
-	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
-	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  August Transients  PATE OF BURIAL  August Transients  PATE OF BURIAL  August Transients  August Transients  August Transients  August Transients  Batter Transients  Ba
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death

If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year)

min.

No. υĎ

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons enuner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condicough; 01 intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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PHYSI-

PLACE OF DEATH

County / Kent

TAGE    Social Partion   Social Particular Residence   Social Particular   S	Vil	lage or City	Chesleloe	w (No.		90
3 SEX  4 COLOR OR RACE  MARRIED, Married Widowed, Or Divorces Or Divorces (Write the word)  17  AGE  (Month) (Day) (Year)  (Month) (Day) hrs.  The CAUS  B OCCUPATION (a) Irade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  May Joud  13 BIRTHPLACE OF MOTHER (State or Country)  May Joud  14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE  (Informant)  (Address)  Claylellow Ma  15  Filed June 44 1920  May Joud Registras  16 DATE OF MARIED, Married And that of I law and th		2FUI	L NAME Hac	mal	Boe	veu
Filed June 14 1982 W J Market 10 Date 15 Filed June 24 1982 W J Market 10 Date 15 Jacob 15 Jacob 15 Jacob 16 Ja		PERSON	AL AND STATIST	ICAL PARTICU	LARS	
Month) (Day) (Year) that I last and that of I last and I last and that of I last and that				WIDOWED.		16 DATE
(Month) (Day) (Year)  That I last and that a liday has.  The CAUS or min.?  B OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  Mayloud  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed Line 14 1980  16 Month  17 Month  18 L'NGT  19 PLACE  19 PLACE  19 PLACE  19 PLACE  10 Un field  10 North  10 North  11 BIRTHPLACE OF MOTHER (State or Country)  Mayloud  10 North  11 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  19 PLACE  19 PLACE  10 Un field  10 North  10 North  10 North  10 North  11 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  19 PLACE  10 North  10 North  10 North  10 North  11 BIRTHPLACE OF MOTHER  10 North  11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  16 North  17 North  18 L'NGT  19 North  19 PLACE  10 North  10 North  10 North  11 BIRTHPLACE OF MOTHER  10 North  11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  16 DEAL MAIDEN  17 North  18 L'NGT  18 L'NGT  19 North  19 PLACE  10 North  11 BIRTHPLACE  12 North  13 BIRTHPLACE  13 BIRTHPLACE  14 North  15 North  16 North  17 North  18 L'NGT  18 North  19 North  19 North  10 North  10 North  10 North  10 North  10 North  10 Nor						17
SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Informant)  (Address)  (Informant)  (Address)  (Informant)  (In			Vermannannannannannannannannannannannannann		1879 (Year)	that I last
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed Limit 14 1980  Where was it not at profession or particular in the part of the particular in the particu	7 /		51 yrs. —	mosds.	I day hrs.	and that of
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  15 Filed Lime 14 1930  16 MY KNOWLEDGE  17 PLACE  (Address)  18 LINGT ients of death Where was it not at p Former or usual residence.  19 PLACE  (Address)  10 NAME OF  State OF Country)  Where was it not at p Former or usual residence.  19 PLACE  (Address)  10 NAME OF  (Signed)  (	- W	b) General na usiness, or es which employed BIRTHPLACE	stablishment in ed or (employer)			Contrib
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed Lime 14-1980  Where was it not at promer or usual residence of the country of			F	1	. 1	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  Filed  Filed  Filed  Registra:  15 Filed  Registra:  16 In the solution of the property of the	ARENT	OF FATH	country) Ma	1 1		*Sta Violent Accident
(Informant)  (Address)		OF MOTH	ACE			of death
Filed fine 19 1900 00 V Registras le h	14	(Informant)	Gelo. 8	Boun		former or usual reside
	15	Filedfun			Hecks	le h

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stend of street and number.)

_	MEDICAL CARTIFICATE OF DEATH
d	16 DATE OF DEATH June 13, 1980
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I refended the deceased from
0	Jane 12 19250 to June 13, 1980
Ţ	0/
)	that I last saw har alive on , 1935 0
an	and that death occurred on the date stated above, at 6 30 Pm.
rs.	The CAUSE OF DEATH * was as follows:
n.?	Dente delation of
	mart
	0
	(Duration) yrs. mos da.
	Contributory Secondary
	(Duretion) yrede.
	(Signed) D. W. Ochham M. D.
1	for 14 198 QAddress) Charter tony
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, it not at place of dea h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Cheslelour Md June 16, 10 30
0	29 UN PERTAKER D CO ADDRESS 7
43	let as I klodd Chesterloun
	12 W Secretary St. Folto Connecting to S i.e. 1.

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(Approved by U. S. Census and American Public Health Association.)

er," etc., Williams, Laborerwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

> st\_ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Drepsy," ("E.:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of (secondary or intercurrent) affection need Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y by Committee on Nomenclature of the " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; The contributory not be

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ANENT BINDING NLY, WITH UNFADING INK--THIS IS A PE MARGIN RESERVED FOR

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S. No. 1

B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of perings at

	PLACE OF DEATH	12522 STATE OF MARYLAND
	County / Clear	CERTIFICATE OF DEATH
	. ()	Registration Dist. No. 201
	Village or City Steel Joseano. 2FULL NAME Thomas Patter	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	A COLOR OR RACE SINGLE.  MARRIED, ME WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH DCLOby 4, 19230  (Month) (Day) (Year)
6	(Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1921. to 1024 4, 19230, that I last saw h malive on 19230.
7	7 2 yrs. 4 mos. 7 J ds. or min.?	03 3
	(a) Trade, profession or Peters Forms	Judo Objolly
186	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Trend a Clero Constitution of the Contributory of the
9	(State or country) & Claway	Secondary (Duration) 2000 de.
	10 NAME OF The Branchy	(Signed) M. D. M.
O FINA	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAMES	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
0 4 0	OF MOTHER KUSAGET TO VICTOR	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14	(Informant) has the BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
	(Address) stres Poro Mes	Stell and Mill Oct 6, 1930
	Filed Car to 1923 e 11, Coloub Registras	20 HADERTIKER HELlown Stell Ind Ma
	If more blanks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S∓Cénsus and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Parner (re-tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servent-Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on mun, (b) Automobile factory. The material Stationary fireman, etc. But in many person, irrespective of

Statement of Cause of Death—Name, first, the piseal Early (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroginal fever (the only definite synonym is "Epidemic ccrebrosi inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Prieumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY dianus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi or intercurrent) Chronic etc. The contributory valvular hcart disease; affection need Measles ; not be

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V. S. No. 1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City Masker CNo.  2FULL NAME MANY PORTON	St.: Ward)  St.: Ward)  a hospital or institution, give lts NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While (Write the word)	16 DATE OF DEATH Man 28, 1935
6 DATE OF BIRTH  (Month)  (Day)  (Year)	13 - I HEREBY CERTIFY, That I attended the deceased from 1960 to 3 - 25 , 1960 that I last saw has alive on 3 - 25 1928,
7 AGE    If LESS than   I day hrs.   ds.   or min.?	and that death occurred on the date stated above, at am.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	Stowash
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Male	Contributory Secondary (Dusstion) yrs mos ds.
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Signed) HP BOp Cancl M. D. B-16 1920 (Address) Oktober 1920
Z (State or country) bull 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidentel, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) and Dramble	if not at place of dea.h?  Former or usual residence
Filed Mar 26 1920 M.J. Heeker	20 UNDERTAKER HICKS PROPESS
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; The contributory Measles;

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	PLACE OF DEATH  County & M. Village or City & D. C. W. (No.	16799 190	STATE OF M CERTIFICATE Registration I	OF DEATH Dist. No. 203 (If death occurred In a hospital or institution, give its NAME Instead of street and
	2FULL NAME 1944 VOINCE	1		number-)
	PERSONAL AND STATISTICAL PARTICULARS		CAL CERTIFICATE C	OF DEATH
	Male COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEAT	(Month)	(Day) (Year)
	6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw he	BY CERTIFY, That I atte	anded the deceased from
	7 AGE  15 yrs. 11 moa. 28 ds. lfLESS than 1 dayhrs. ormin.?		urred on the date stated ATH * was as follows:	above, at 4m.
	(a) Trade, profession or particular kind of work  (b) General nature of industry	Et V	al Hear	+ Trouble
1	business, or establishment in which employed or (employer)		(Duration)	yrs. I moe of de.
odium fina a	BIRTHPLACE (State or country) flent- 60 md  10 NAME OF FATHER COMM BRILL.	Contributory Secondary (Signed)	(Address) PA	Q. freey M. D.
	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	Violent Causes, Accidental, Suicida	al or Homicidal.	in deaths from ury and (2) Whether
	OF MOTHER Will M CONSONS  13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	At place of deathyrs	.mos. ds. In the State	als, Institutions, Trans-
	(Informant) WITH THE BEST OF MY KNOWLEDGE	if not at place of de Former or usual residence	ta.h?	DATE OF BURIAL
	(Address) Auch Hall	St Pa	uls	1 2 D . 192
	Filed 6/22 1930 B. Tun Sudin	Chas 3	Budg	Chesterfour
	If more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St.	, Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer. Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (b) The ques-Grocery,

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Linhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. approved as fracture of skull, and consequences (e. g., sepeis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Semile," etc.), "Dropsy, ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory Mousles; death

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V. S. No. 1

PLACE OF DEATH  County Steet	10508 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 204
Village or City Tarrell (No. While Special Property Street, 1988)	Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Muite Single, MARRIED, WIDOWES OR DIVORCED (Write the word)  6 DATE OF BIRTH  Sept. 6 1854	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1921. to 20, 1931.
Month) (Day) (Year)  7 AGE  16 yrs. mos. 14 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry ousiness, or establishment in which employed or (employer)	Megnin Ferns  [Direction yes mos ds.
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  (Duration)  yre inos jde.
FATHER Shw Reice  11 BIRTHPLACE OF FATHER (State or country) 12 MATDEN NAME  12 MATDEN NAME  13 MATDEN NAME  14 MATDEN NAME  15 MATDEN NAME  16 MATDEN NAME  17 MATDEN NAME  18 MATDEN NAME  18 MATDEN NAME  19 MATDEN NAME  19 MATDEN NAME  10 MATDEN NAME  11 MATDEN NAME  11 MATDEN NAME  12 MATDEN NAME  11 MATDEN NAME  12 MATDEN NAME  11 MATDEN NAME  1	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (State or Country)  12 MATDEN NAME of MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) My June Duce  (Address) Lesterton #7MJ	Former or usual residence
Filed Sept. 24 1930 9 N. Jeet Registrar Registrar	Lehas L. Roodd Lehestertown, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

-definite salary), may be entered as Housewife, Housewhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemun, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer;" "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation As examples: (a)

Streement of Cause of Death—Name, first, the DISEA. I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; ...... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tubcrculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, "" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory not be

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2

PLACE OF DEATH	STATE OF MARYLAND
County / Ten	CERTIFICATE OF DEATH
Village or City Colemans had (No.	Registration Dist. No. 20
2 FULL NAME Fillie mayola	Brooks, tion, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH    18 DATE OF DEATH   19234   (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 July 1 HEREBY CERTIFY, That I at Indeed the deceased for 1950. to July 26, 196  that I last saw her alive on July 36, 192
7 AGE Syrs. 6 mos. ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	start 3 must
which employed or (employer)	Contributory (Duration) yrs. mos
9 BIRTHPLACE (State or country)	Secondary  (Duration)
10 NAME OF FATHER always Brooks	hones 1970 (Address) bhiltistary
OF FATHER (State or country) Colemans ud	*State the Ilsase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.
of MOTHER Lillie Banks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, To
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) along Brooks	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Coleman ud	Colemans med July 28, 19.
Filed 1925 1925 A Molach	20 UNDERTAKER LADDRESS Still Form
If more banks are needed, addre, a tate Kegistri	ar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. I.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs,. state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, goged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive report specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b). Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary freman, etc. But in many engineer,

Statement of Cause of Death—Name, first, the DIS-EAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o tclanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage,") tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Inanition," "Marasmus," "Old Age," "Shock," (secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough: "" "Weakness," etc., when a definite disease or intercurrent) affection need not be ss important. Example: Meusles (disease for malignant neoplasms); Chronic valvular heart etc. The contributory disease ; Measles ; death

1. Z

PLACE OF DEATH	04421 STATE OF MARYLAND
County / Land-	CERTIFICATE OF DEATH
	Registration Dist. No. 200
Village or City Goef (No. ,	St.; Ward)  [If death occurred to a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: 4 COLOR OR RACE 5 SINGLE, MARRISD, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 LESS than 1 day, hrs.  OR min.?  8 OCCUPATION (a) Trade, profession, or articular kind of work (b) General nature of industry usiness, or establishment in which employed (or employer)	that I last saw has alive on A, 25 , 1993, and that death occurred on the date stated above, at 4 P m.  The CAUSE OF DEATH * was as follows:  (Quantility)
*** STATTHPLACE (State or country) Magazing 72	Contributory & Cul- Fredgachin Secondary (Ourellon) yrs mos de
FATHER  FATHER  11 BIRTHPLACE OF FATHER (State or country)  Manual 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Manual Emony  14 Country  15 BIRTHPLACE OF MOTHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, siste (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of desih yrs
(Informant) Quality Plant	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Society (197)  Filed 4/28 191,91 Pr. Blue	19 PLACE OF BURIAL OR REMOVAL  RATE OF BURIAL  20 UNDERTAKER  POTESS
18 more blanks are needed, address State Registrar.	8.7. Neron Middlefour

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or wife, Housework, or At Home, and children, not gainfully Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used husiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthful-(a) Salesman, (b) Grocery; (a) Foreman, Compositor, For persons who have no occupation whatever If the occupation has been changed Architect, At home. Carc should be Never return "Laborer, Locomotive If retired from engineer, (b) Auto-(rivil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meaningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," cause. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (inercly symptomatic), "Auropay,
"(Convulsions," "Debility" cough; Chronic valvular heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia, chopneumonia Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (secondary), 10 ds. The contributory (secondary or intercur-State cause for which "Atrophy," "Col-Never ACCIDENTAL, report mere wound of important. ("Con-

PLACE OF DEATH	10509 STATE OF MARYLAND CERTIFICATE OF DEATH
County UNIV	(29)
1 (D 11)	Registration Dist. No.
Village or City (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME LINE Brown	lon, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 G I HEREBY CERTIFY, That (Inthrudged the decensed from
Jesse 27 (Month) (Day), 1.890	and that death occurred on the date stated above, at A
7 AGE  If LESS than I dayhrs.  ormin.?	The SAUSE OF DEATH & WAR ON COLLOWS: After to
8 OCCUPATION (a) Trade, profession or furticular kind of work.	J
b) General nature of industry assiness, or establishment in which employed or (employer)	(Duratio Allue la mos de
9 BIRTHPLACE (State or country) marsland	Contributory Secondary  (Disprion)
10 NAME OF FATHER Samuel Brodonom  11 BIRTHPLACE OF FATHER  (State or country) smarpland  12 MAIDEN NAME	(Signed)
of MOTHER Harriel Wilmare	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
IS BIRTHPLACE OF MOTHER (State or country) Way	At place of death yrs. mos. da, State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) my waller Brown	Former or usual residence
(Address) Lalis m	Halio C D SILLEY 19. 19.36
Filed 9/1 1920 Mr. Brei Registrar	20 UNDERTAKER ADDRESS Sanah Kreen modele town

\* more blanks are needed. address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Ccusus and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DMATTE gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the to report specifically the occupations of persons enployed, as At school or At home. Care should be taken laborer. Farm laborer, Laborer-Housemaid, etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. 6 yrs.). For many occupations a single word or term on Or At especially in industrial employments, it Without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed As examples: (a) The material is mecesin many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pnennumia") Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Standard of Cause of Death-Name, first, the Dis-

> Thead Nomenclature of the American Medical Association.) ment quances (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. symptomatic), "Atrophy," "Collapse," Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Puffeur A colicuenta," "Publicaria, "Publicaria," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite discase rhage," "Inamition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhausticu," "Heart failure." causing death). 29 ds.; Bronchopneumonia stated unless important. vulsions." Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; nuges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be of "contributory." of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" Aecidental drowning; Struck by railreau cough; Never report mere symptoms or terminal Chronic valvular heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles Always qualify all "Coma," "Haemor-(merely (second-(disease

the certificate is permanently filed. Ruen If this certificate is looked over thoroughly and all ques Answered in detail, it will prevent further correspond-Il the data is essential and must be obtained before

Every Item of Information should be carefully supplied ACE should be state EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PECORD PMANENT MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK --- THIS IS A P WRITE

f. S. No. 1

R B

PLACE OF DEATH	05669 STATE OF MARYLAND CERTIFICATE OF DEATH
County / Class	Registration Dist. No. 200
Village or City Les Jalena, (No.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instant of street and
2FULL NAME // ary terre	(Viorin number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Nonth) (Day) (Year),  The learner of Death  (Nonth) (Day) (Year),  (Nonth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from 1928. to May 31., 19230,
(Nonth) (Day) (Year	1/ /20/
7 AGE If LESS th	
yrs. 3 mos. / O ds. or min	
(a) Trade, profession or Analysis	Mom andosardeles.
(b) General nature of industry business, or establishment in	
which employed er (employer)	Contributory acety delastin I Heart
9 BIRTHPLACE (State or country) Maryland,	Secondary (Diration) yes of hole - de
10 NAME OF James Wilmen	(Signed) Jet 1923 (Address) Falsum Mise
STATES (State or country)	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME of MOTHER Lava Milmer.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 DIRTHPLACE OF MOTHER  MAL	At place of death yrs mos ds. In the State yrs ds.
(State or country)  14 THE ABOVE IS TRUE, TO THE BEST OF, MY KNOWLEDGE	Where was disease contracted, if not at place of death?
See Charles	Former or usual residence
(Address) Galeun Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 ( 15 ) Jan 19 10 10 10 10 10 10 10 10 10 10 10 10 10	20 UNDERTAKER ADDRESS
Filed Alle. 4 1900 (M. Registra)	Sanah of moure mode tomin
If more blanks are needed, address State Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gued in domestic service for wages, as Servant, Cook, the occupations of persons enpf yad, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman.
(a) Foreman, (b) Automobile fectory. should be used only when needed. As evam, here additional line is provided for the latter statement nature of the buliness or inlinity, and t cases, especially in industrial employments, it is necessary to knew to the Li d of work and also b the the first line will be sufficient, e.g., I rmo or Planter, Physician, Compositor, Archivet, Lecomotive engineer, tion applies to each and en y person, irrespective of fulness of various pursuits can be known. cupation is very imsortant, so that the relative health Statement of Occupation Precise statement of oc whatever, write None. Housemaid, etc. If the occupation has been changed vite salary), may be entered as Housewife, House-Foreman, engin r For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer yrs). without more precise specification as Day who are engaged in the duties of the For persons who have no occupation Stationary fire on, it. But in many Laborer-Coul mine, etc. Womfectory. The marchial The ques-

Stateme t of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH the purity affection with respect to time and causation, u. g. aways the same accepted term for the same dient Examples: Carebras piral fever (the entry definite synonym is Cardemic cerebrospinal mentalitis"; Diphtheria avoid under Charpes, Typhoid fever (never report "Typhoid Pneumonia"; Lohar vneumonia Bronchopnoumonia "Pneumonia."

> telanus) may be stated under the head of 'contributory can be ascertained as the cause. Always quelify: il diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perstantias," etc. " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brenchopneumonia (secondary), stated unless important. (secondary approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., 80, 818, carbolic acid - probably suicide. accident; Revolver wound of head-homicide; Post or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOLLICI State cause for which surgical operation was under-Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, Examples: Accidental drowning; Struck by railway train -Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Inanition, " Marasmus, Uraemia, " "Weakness," etc., whon a definite disease ..... (name origin; "Cancer" is less definite; zvoid "Atrophy." "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) affection Chronic Example: Measles (disease The nature of their jury, valvular heart Nomenclature of the The contributory need distrase; not etc., of

N. B.

PLACE OF DEATH	04422 STATE OF MARYLAND
County Cont	CERTIFICATE OF DEATH
	Registration Dist. No. 201
Village or City Colemans (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Sallie Bs.	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
French Col. SINGLE, MARRIED, Midowed OR DIVORCED (Write-the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan / 1860	May 20 1921 d. to affect & 8 , 1920.
(Month) (Day) (Year)	that I last saw her alive on Wirel & 5 , 1923 .
7 AGE    If LESS than	and that death occurred on the date stated above, at
70 yrs. 7 mos. 79 ds. or min.	The CAUSE OF DEATH Twas as follows:
8 OCCUPATION	Control of the contro
(a) Trade, profession or particular kind of work	02.0112131313131313131313131313131313131313
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. de.
9 BIRTHPLACE	Contributory & Shusting and
(State or country) Waryland	Secondary Lo the about (Duration) yes 2 mos ds.
10 NAME OF Heliams Forman	(Signed) Jas. W. Wille D.
0 11 BIRTHPLACE OF FATHER	Life A. Discontinuo Deth. The indestination of the form
Z (State or country) waryland.	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mundy Kilson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place In the of death yrs mos ds. State yrs mes ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
or in a Hour	Former or usual residence
(Informant) Assil Sutter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Colemans made	Colemans and May 1, 1930
Filed My 19230 Melach Registrar	20 UNDERTAKER FULLING Still Pors
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, should be used only when needed. As examples: (0) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Plonter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ,, etc., Foreman, For many occupations a or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, 6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumoniu (secondary), stated unless important. Example: Measles (disease Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicacomiu," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, American Medical Association.) (Recommendations on statement of cause of carbolic ocid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of cough; " "Marasmus, " "Old Age, " "Shock, or intercurrent) affection need not be Committee on Nomenclature Chronic valvulor heart disease; etc. The contributory

properly classified. ould be stated EXACTLY, CORD MANENT BINDING ACE FOR WITH UNFADING INK--THIS peliddns MARGIN RESERVED carefully Should SE OF DE Every Item of Information s CIANS should state CAUSI statement of OCCUPATION

V. S. No. 1

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n terms so that it may be See instructions on back

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1	Exac
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PLACE OF DEATH PERSONAL AND STATIST SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH (Month) (Day) 7 AGE a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

	© CERTIFICATE OF DEATH
7	Registration Dist. No. 202
1//	Registration Dist. No. 252  Archive St.: Ward)  Registration Dist. No. 252  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH (O. Jo /9", 1980
	17 I HEREBY CERTIFY, That I attended the decessed from
	that I last saw her alive on the date stated above, at 3- 7. m.
	The CAUSE OF DEATH * was as follows:
?	Em bolism, coronary, Questa
•	V
	(Durstion) yrs mos de.
	Contributor Lette Colle Cy ality Secondary
	Contributor ferente cole cy alitu
	Contributory Contr
	Contributory Contributor College Active Secondary  (Duration)  (Signed)  (Signed)  (M. D.
	Contributory Cut L. Collect of a Little Secondary  (Duration)  (Signed)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	Contributory Cut L Collection Secondary  (Duration To 1922 (Address)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  (Signed)  *State the Disease Causing Death, or, in deaths from Accidental, Suicidal or Homicidal.
	Contributory  Secondary  (Duration)  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place  In the
	Contributory Cast C. College Contributory Cast C. College College C. College
	Contributory Cast College Contributory Cast College Co
	Contributory Cast C. Color Contributory Cast C. Color Color C. Col

STATE OF MARYLAND

If more branks are needed, address State Registrar, 16

(Year)

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2523

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton-mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return"Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." ..... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronicvalvular heart disease; etc. The contributory

N. B.-

PLACE OF DEATH	0.3064 STATE OF MARYLAND
County Diesel-	CERTIFICATE OF DEATH
THE COURSE OF THE PARTY OF THE	Registration Dist. No. 202
Village or City Athler Same (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME MANY Durke	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemele Col.  4 COLOR OR RACE  5 SINGLE, MARRIEDIVIDOUS  OR DIVORGED  (Write the word)	16 DATE OF DEATH MOS- 1980
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Continuo (Day) (Year)	that I last saw h alive on Mar. 17 1930
7 AGE [If LESS than	and that death occurred on the date stated above, at # C m.
60 yrs. wasknows ds. or min.	
8 OCCUPATION (a) Trade, profession or House work particular kind of work	A
(b) General nature of industry	
usiness, or establishment in which employed or (employer)	(Duration)yre, moselde.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) vis. mos. de.
10 NAME OF Robert Bessick	(Signed)
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER UNK STORE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
De la la Bineset	Former or usual residence
(Address) forster lown Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Mar 18 100 In / Hick	20 UNDERTAKER MODRESS
Registrar	UU V XHICKS Stoppler Boar
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease;

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		4	Ci Ci
			state
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St: Ward) a hospital or Institucertificate. tion, give its NAME is -steed of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Year) (Month) (Day) IIf LESS than 7 AGE and that death occurred on the date stated above, at ...... The CAUSE OF DEATH \* was os follows: ....min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE Secondary (State or country) ENTS \*State the I is ase Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 8 IB LENGTH OF RESIDENCE (For Hospitols, Institutions, Trans-PA 4 ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ......yrs.......mos.......ds. (State or Country Where was disease contracted, if not at place of dea.h?.... TRUE TO THE BEST OF MY KNOWLEDGE Every Item CIANS sho statement Former or DATE OF BURIAL If more banks are needed, oddre.s /tate Registrar, 1 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook; ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-." etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filled.

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injumy State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mon-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilwoy train-If this certificate is looked over thoroughly and all qu stions danus) may be stated under the head of "contributory." "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of

	1 PLACE OF DEATH	STATE OF MARYLAND
	Kent,	13888 CERTIFICATE OF DEATH
Co	unty /	Registration Dist. No.
Villa	ge or City Chesterville (No.	St: Ward)  If death occurred in a hospital or institution, give its NAME instead of street and aumher.)
	2 FULL NAME	MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
he	acc olored Single, Widows Widowed OR Divorced (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the decensed from
6 DA	ATE OF BIRTH	June 1 19230, to Nav. 9 , 1923.
	Merch 1866	that I last saw h survalive on Nov! 19234
	(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AG	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows: Les Status
(a) pa (b) bu w	Trade, profession or articular kind of work.  O General nature of industry usiness, or establishment in hich employed or (employer)  RTHPLACE (State or country)  10 NAME OF FATHER Pober A Surfer (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Parmaners  OF MOTHER Parmaners  13 BIRTHPLACE OF MOTHER	Contributory Secondary  (Signed)  (S
15	(State or country)  CHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF HURIAL  Morgon Mack. Md. Nov. 121, 1930  20 UNDERTAKER ADDRESS
F	Filed Mr. 4 19290 Mr. Juce  Registrar  Registrar	July (1. Wornt on Dullington Me. 18 W. Saratoga St., Balto, Requesting V. S No. 1
	47 MOLA BRURE ALS BESSELVE RAUBIS STATE HERTRILLE	AN 111 NATERIORS NOTE

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer;" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; a 'ditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Watever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine. etc. Womer," etc., without more precise specification as Day worked ou may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The questived 6 yrs.). Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed in many

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

a ment of cause of death approved by Committee on head of "contributory." Nemenclature of the American Medical Association.) diseases resulting from childbirth or misearriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacium, etc., Carcinoma, Sarcoma, etc., of quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ......(name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congcnital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart discase; (Recommendations on state-"Anaemia" (second-(merely

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	PLACE OF DEATH	10510
Vil	Rage or City Working Mount (No.	(29)
	2FULL NAME Alary Butt	er
	PERSONAL AND STATISTICAL PARTICULARS	MEDI
3 5	SEX  4 COLOR OR RACE  5 SINGLE  MARRIED,  WIDOWED  OR-DIVORCED  (Write the word)	16 DATE OF DEATH
6 1	(Month) (Day) (Year)	that I last saw h
7 /	If LESS than I day hrs. or min.?	and that death occurrence The CAUSE OF DEA
	a) Trade, profession or particular kind of work  b) General nature of industry	e chr
7	BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER Alexander LO orsey	(Signed) 52 102
RENTS	OF FATHER (State or country)  12 MAIDEN NAME	*State the Violent Causes, Accidental, Suicida
PAI	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF R ients or Recent R At place of deathyra
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Garrier Fuller	Where was disease cor if not at place of de Former or usual residence
_	(Address) 10 orten Ald	Worton
15	Filed Sept 13 1920 / Vol. / LCKS Registrar	lawas of

0510	STATE	OF	MARY	LAND
	CERTIFIC	CATE	OF	DEATH

CERTIFICATE OF DEATH

Registration Dist. No. 202

St.:\_\_\_Ward)

(If death occurred in a hospital or institution, give its NAME II stead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH 11 1 1920
	(Month) (Day) (Year)
,	17   HEREBY CERTIFY, That I attended the deceased from
	that I last saw h & alive on Suff. 20,
3	and that death occurred on the date stated above, at
	Asuta Hacuration of
	a course require and
	. Carties whatfirency
	(Durstion) / yrs 6 mos ds.
	Contributory Secondary
	(Signed) (Duration) yrs mos ds.
-	Sept 12 1930 (Address) Cheslertonin &
	/ *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
	At place of death yra mos ds. In the State yrs mos ds.
	Where was disease contracted, if not at place of death?
	Former or usual residence
	Worton Went to 2 8 80 13 19 80
	20 JUNGERTAKER P SOL A ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise speriments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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No 1

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N. B.--

PLACE OF DEATH  County Ren	STATE OF MARYLAND CERTIFICATE OF DEATH
7	Registration Dist. No. 204
Village or City Faule (No. 2FULL NAME POWY But le	St.: Ward)  (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May Color or RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the decessed from  10 10 10 10 10 10 10 10 10 10 10 10 10 1
7 AGE  25 yrs. 9 mos. ds. lf LESS that I day hr. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer)	Sifurficial umand of face and much
9 BIRTHPLACE (Stats or country) dell' 40 Md	Contributory Secondary  Secondary  Duration 278 1108 ds.
FATHBR Vaully	(Signed) 192 (Signed) M. D.
OF FATHER (State or country)  12 Maiden Name  1 Maiden Name	*State the I is aso Causing Death, or, in death's from Violent Causes, stato (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER RAIL SULLY  13 BIRTHPLACE OF MOTHER  OF MOTHER	10 LUNGTH OF RUSIDENCE (For liospitals, Institutions, Trans- ients or Recent Residents)  At place In the
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathmosds. Stateyrsmosds.  Where was disesse contracted, if not at place of dea.h?
(Informant) Hyrson Butter	Former or usual residence
(Address) RPW & hester four	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAY 15
Filed May 15 1930 7. It Smith	Thanks I would this extour
If more b.anks are needed, addre.s Ltate Negistr.	ar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e.g., Farmer or Flanker, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many person, irrespective ci

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> decident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease approved by Committee on Nomenclatural withe "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E haustion," "Heart failure," "Haemorrhage, "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contribute as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Comz," "Convulsions, resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH	office (
County Kent	
Village or City Worton RR (No.	
2 FULL NAME Julia Rewjo	n R
PERSONAL AND STATISTICAL PARTICULA	ARS
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	clow
6 DATE OF BIRTH	
(Month) (Day)	1859 (Year)
71 - 1	LESS than day hrs.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Rend 40 Md	
10 NAME OF FATHER Whaham Hurl	ock
Control (State or country)	
of Mother Sarah Edes.	
13 BIRTHPLACE OF MOTHER (State or Country)	
(Informant) Way well Bys (Address)	
15 Filed Mar 24 1920 W.J./	LoKs

03065

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)  (If death occurred in a hospitual or institution, give its NAME instend of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATHURCH 2 2 , 1930
(Day)(Year)
I HEREBY CERTIFY, That I attended the deceased from 1927. to Mch 22, 1930,
that I last saw h & alive on Meh 72, 1980,
and that death occurred on the date stated above, at 4 Pm.
The CAUSE OF DEATH * was as follows:
multiple Schoosis Spina Cord
about f yrs. mos ds.
Contributory Secondary (Duration) yrs. mos. ds.
M. Ch. 23 1950 (Address) Chester Lory Med
*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans- ients or Recent Residents)
At place in the of deathyrsmosds.
Where was disease contracted, it not at place of dea h?
Former or usual residence
Chestitoin Md. Mar 24, 1930
Clas L godd Chester town Md.

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Flanter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Doy (b) Automobile factory. The materia The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meninaitis"); Diphtheria (avoid use of "Croup"); s. inal meninaitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic etc. The contributory volvular heart diseose; not be

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V. S. No.	6	10
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	PLACE OF DEATH	13889. STATE OF MARYLAND
	County UN	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City Illustin (No. 5	St.: Ward) (If death occurred in hospital or institu-
	2FULL NAME Julia & Car	tion, give its NAME I: - stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH // 28 1950
	OR DIVORCED (Write the word)	Mosv. 28 (Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw has alive on from 26 , 1930,
	7 AGE   If LESS than	and that death occurred on the date stated above, at
	Vyrs. 7 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
V	OCCUPATION	
C	(a) Trade, profession or particular kind of work	
P	(b) General nature of industry business, or establishment in	(Duration) yrs, mos, de,
	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
	10 NAME OF FATHER	(Signed) Geland M. D.
	of 11 BIRTHPLACE	nov-29 1923 (Address) Mellen less
	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Junie 4. Osborne	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER  7/1/	At place of death yrs mos ds. State yrs mos ds.
	(State or Country)	Where was disease contracted, if not at place of death?
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
	(Informant) M. G. Cleagement	DATE OF BURIAL
	(Address) Millington ma	massey. Mel. (On Farm) Dec. 1st, 1930
	Filed nor. 29- 1980 Mehrtt Brice	DIN U. Solvi Plan Millington
	If more blanks are needed, address tate Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous and minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory affection need valvular heart not disease;

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PLACE OF DEATH	09359 STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
1 + +	Registration Dist, No. 202
Village or City & Western No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME	Harman (and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  Aug 2  (Month) (Day)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 193 to 192 that I last saw h is alie on 192 to 192 t
	SS than and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or parlicular kind of work	Still Um, Certa
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  mosde.
10 NAME OF Willow 7 Hora	(Signed) M, D,
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Pissase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Progress Com	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. Statewrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) wywie 6 au	usual residence
(Address) 6 hullion	Thester Lown Md, aug 3 - 1980
15 Filed aug 2 1980 W T Hick	The state of the s
If more branks are needed, address State R	legistrar, 16 W. Saratoga St., Balton Requesting V. S. Do. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, of Occupation-Precise statement of oc-(b) Automobile factory. The material and children, not gainfully em-Salesman, (b) Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," Chronic etc. valvular heart disease; The contributory

	WRITE JINLY, WITH UNFADING INKTHIS IS A PP MANENT	N. BEvery item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be proper statement of OCCUPATION is very important. See instructions on back of certi
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DAIGNIG NO GANAGON AND TON DINGING	Z	Do X
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County Line Grand County Line Grand County Line Grand Course of the County Line Grand County County Line Grand County Cou	PLACE OF DEATH	Ulast STATE OF MARYLAND
Village or City Mulling for (No.  St: Ward a locaured in supplied or insitive tion, give its NAME is stand of attreet and number.)  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE SINGLE. WILLOW WILLOWS WILLOW	County, lun Co	CERTIFICATE OF DEATH
Village or City Mulling from (No.  St: Ward)  2FULL NAME		101-0
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  B SINGLE, MARRIED  White  White  Carroll  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  S SINGLE, MARRIED  MARRIED  (Month)  (Day)  (Perry)  15 Les Date of Death  16 Date of Death  17 LIFERBY CERTIFY, That Latiended the deceased from  18 LIERBY OF DEATH ** was as follows:  18 CAUSE OF DEATH ** was as follows:  19 DIRTHPLACE  OF FATHER  (State or country)  10 NAME OF  PATHER  OF MOTHER  PATHER  PATHER  PATHER  PATHER  OF MOTHER  PATHER  PATHER  PATHER  PATHER  PATHER  CIState or COUNTRY)  12 MAIDEN NAME  13 SIETHPLACE  OF MOTHER  PATHER  CISTATORY  (Signed)  PATHER  S State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether  Accidenta, Sudding of Industry  S State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether  Accidenta, Sudding of Industry  S State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether  Accidenta, Sudding of Industry  A place  (Informant)  A place  (Inf		Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  5 SINGLE  WILL  WILL  FILE  (Month)  (Day)  (Write the world)  6 DATE OF BIRTH  102.50  (Month)  (Day)  (Write the world)  (Write the world)  7 AGE  (Month)  (Day)  (Write the world)  17 HERBY CERTIFY, That I attended the deceased from I day hrs. alw on The Latendary that I last asw him. alw on The Latendary that I last asw him. alw on The Latendary that I last asw him. alw on The Latendary that I last asw him. alw on The CAUSE OF DEATH was as follows:  93 yrs. mos. Latendary  6 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  5 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in which employed or (employer)  5 BIRTHPLACE  OF FATHER  (State or country)  (Signed)  (Month)  (Signed)  (Month)  (Durstion)  Wisher was a follows:  Contributory  Secondary  Scandary  Scandary  (Durstion)  Wisher the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suddidar or Househalds. In the Accidental, Suddidar or Househalds. Application of Geath yrs. mos. ds.  13 BIRTHPLACE  (State or country)  14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Mullington  (Address)  Mullington  (Address)  Mullington  (Address)  Mullington  Application  Application  (Address)  Mullington  Application  (Address)  Mullington  Application  (Address)  Mullington  Application  (Address)  Mullington  (Address)  Mullington  (Address)  Mullington  Application  (Address)  Application  (Address)  Mullington  (Address)  Application	Village or City Mullington (No.	St.: Ward) (If death occurred in
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  5 SINGLE  WIDOWED  OR DIVORCES Brush  6 DATE OF BIRTH  17 LHEREBY CERTIFY, That I altered the deceased from Lower and Lower	1 1 D	tion, give its NAME it -
S SEX  A COLOR OR RACE  SINGLE  MICHAEL  WINDOWED  OR DIVORCES Jungh  (Write the word)  (Wonth) /1 (Day) (Cresy) & All (Day)  (Write the word)  (I last last a fair last and the date stand above, at 4/3 P	2FULL NAME Am. H. Carro	fl number.)
Mule Phile Windows (Registres) Stury (Nonth) (Day) (Year)  6 DATE OF BIRTH  Cly 17 I HEREBY CERTIFY, That I Attended the deceased from that I last saw him alive on the 11 1925.  7 AGE  If LESS than I day have and that death occurred on the date stated above, at 436 P. m.  The CAUSE OF DEATH * was as follows:  9 Syra. S mos. / S ds. or min.?  6 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)  10 I BIRTHPLACE  OF MOTHER  (State or Country)  11 BIRTHPLACE  OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)  12 MAIDEN NAME  OF MOTHER  (State or Country)  13 BIRTHPLACE  OF MOTHER  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Application  Application  Application  State. The state of BURIAL  Application  Application  Application  State. The state of BURIAL  Application  Application  Application  State. The state of BURIAL  Application  A	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED  Write the word  OR DIVORCED  The MREETY CERTIFY, That I attended the deceased from 1928. to 1928. to 1928. to 1928. that I last asw hum. alive on 1928. The CAUSE OF DEATH * was as follows:  OR DIVORCED  The CAUSE OF DEATH * was as follows:  OR DIVOR	3 SEX 4 COLOR OR RACE 5 SINGLE,	
6 DATE OF BIRTH  (With the word)  (With	WIDOWED.	, 19238
TAGE  (Month)  (Day)  (Year)  TAGE  (Month)  (Day)  (Year)  That I last saw him alive on the life of the stated above, at 4 10 28, and that death occurred on the date stated above, at 4 10 20, mm.  The CAUSE OF DEATH * was as follows:  (B) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  (Signed)  (Signed)	Public   (Write the word)	
that I last as which alive on the third is a last as which alive on the third is a last as which alive on the third is a last as a last	6 DATE OF BIRTH	
If LESS than   lday hra.   l	Clys 27 1836	1928 to Til. 1928,
The CAUSE OF DEATH * was as follows:    Coccupation   Cause   Causing   Caus	(Month) (Day) (Year)	that I last saw his alive on the 11 - , 1928,
The CAUSE OF DEATH * was as follows:    Coccupation   Cause   Causing   Caus	7 AGE [If LESS than	and that death occurred on the date stated above, at 4 P. m.
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ients or Recent Residents)  At place of death yrs mos. ds.  Where was disease contracted, if not at place of death?  (Informant)  (Informant)  (Address)  Mulhight  Filed 2//6 1920  At place of death yrs mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL OR REMOVAL  ADDRESS  2D UNDERTAKER  ADDRESS  Genting at the State yrs mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  Genting at the State yrs mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  Genting at the State yrs mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  Genting at the State yrs mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS	2 12 MAIDEN NAME	
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	If more blanks are needed, oddre Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—to duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Salesman, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Nomenclature not be disease;

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PLACE OF DEATH County Sensor	90 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200
Village or City Fullna Mo.  2FULL NAME Filliam He	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME Instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
WIDOWED. (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Attended the deceosed from 1955, 1956, 1957, 1
a OCCUPATION  (a) Trade, profession or	
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion) yrs, 3 mos ds.  Contributory Secondary
10 NAME OF FATHER Perry Carler	(Signed) D. W. O. Dickung M. D. Sely 12 1930 (Address) & huterbroy &
OF FATHER (State or country) Trengland (State	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Merryland	ients or Recent Residents)  At place In the of death yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of desity.  Former or usual residence
(Address) Itas Gelena Ind	19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  PAGE 19 3 0  20 UNDERTAKER  ADDRESS
Filed July 1923 Ug 1 Frank Registror	BR rellows still fond
If more bionks ore needed, address State Registrar	r, 16 W. Saratoga St., Bolto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery

Statement of Cause of Death—Name, first, the DISTALL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping as fracture of skull, and consequences (c. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature contributory

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	PLACE OF DEATH County C	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20/
a de la composition della comp	Village or City Kenedywell.  2FULL NAME Bllis Leon	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ns on pack of	3 SEX 4 COLOR OR RACE 5 STRGLE, MARRIED, WIBOWED. OR BLYORCED (Write the word) 6 DATE OF BIRTH  Mush 10, 1861	16 DATE OF DEATH  6 8 , 1930  (Month)—(Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 6 - 8, 1860
Instructio	(Month) (Day) (Year)  7 AGE  69 yrs. 2 mos. 28 ds. or min.?	and that death occured on the date stated above, at
statement of occupation is very important, see	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Kent bo  10 NAME OF FATHER Blet bunch  11 BIRTHPLACE OF FATHER (State or country) Kent bo  12 MAIDEN NAME OF MOTHER Blen. Trusty  13 BIRTHPLACE OF MOTHER (State or country) Sent bunch  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed Lune (0.300 f. Rolents)	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homiedal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfertence of death yis mos ds. State yis mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS
	Registra	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., should be used only when needed. As examples: 'a' additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesrnysician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Coak to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Peul-Spinner, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) Greecry; man, (b) Automobile Jactory. The m. terial without more precise specification as Day (b) Automobile factory. -Coal mine, etc. not gainfully em-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Obar pneumonia, Bronchopmeumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinona, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory. carbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-Whooping cough; approved by as fracture of skull, and consequences (e. g., serses, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY Recommendations on statement of cause of death American Medical Association.) .... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 23 ds.; Bronchopneumonia (secondary) Committee on Chronic valendar heart etc. Nomenclature The contributory Always qualify all Measles; discase ; not be

	PLACE OF DEATH	STATE OF MARYLAND
	County / Soul	CERTIFICATE OF DEATH
	Village or City Likely Grove (No.	96) Registration Dist. No. 201
		St: Ward) (If death occurred I a hospital or institution, give its NAME is stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1000 16 , 1980 (Month) (Day) (Year)
	8 DATE OF BIRTH 8 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from M. 1920. to Meles General 1920 that I last saw hamalive on Alexa for General 1920.
	7 AGE   If LESS than	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work  (b) General nature of industry	Chronin Myocarditis'
	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
	11 BIRTHPLACE  11 BIRTHPLACE	(Signed) (Address) Jalkson 2006
	Z (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos disease contracted,
	(Informant) The Chrisfield	if not at place of dea.h?
	(Address) Lower Grove	Chester Camelesy Lee 14, 1936
	Filed 19230, Melaus Registrar	BR Fellows Still Pond
	If more hanks are needed addre a State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death approved by Committee on tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature

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V. S. No. 1

PLACE OF DEATH	08120 STATE OF MARYLAND
County Stent	CERTIFICATE OF DEATH
~	Registration Dist. No. 202
Village or City smel (No.	
2FULL NAME Many MC	St: Ward)  St: Ward)  A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WELOW	16 DATE OF DEATH
Tiemale While (Wite the word)	July 9 - , 1980
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
July 3 182	Muss 1930. cg July 9, 1920.
(Month) (Day) (Yesr)	that I last saw h A Alive on Kuly d , 1934.
7 AGE    If LESS than	and that death occurred on the date stated above, at 19, 300 m.
93 ms - mos 6 day hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	arts of the second
business, or establishment in which employed or (employer)	(Duration) J. yrs. mos ds.
-9 BIRTHPLACE	Contributory agn
(State or country) Lend-Co Med	Secondary (Durstion) yrs mos ds.
10 NAME OF FATHER -U- 1- 1/- 7/ +	(Signed) A Jummon M. D.
11 BIRTHPLACE	July 10 19BQ (Address) Chestertojon my
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	State the Disease Causing Death, or, in deaths from
12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a of MOTHER mary hlenning	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
(Informant) John R Parsons	Former or usual residence
3719 Edwinson and	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ballinner md	Union Cemely July 1/2:030
15 Filed fale 10-1980 W Thecks	20 UNDERTAKER ADDRESS
Registrar	B of Tellows Still Land
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public, Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Civil engineer, Physician, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs). Fra persons who have no occupation write de. Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc."), ""Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephrilis, approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

Exact

Village or City,

6 DATE OF BIRT

6 OCCUPATION
(a) Trade, pro particular kind

(State or ( 14 THE ABOVE IS

9 BIRTHPLACE

3 SEX

7 AGE

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	The state of the s
PLACE OF DEATH	05671 STATE OF MARYLAND
County /Cew/	CERTIFICATE OF DEATH
0 8 17 1	Registration Dist. No. 201
Tillage or City Still Tonks. Med	St.: Ward) (If death occurred in
2FULL NAME Virginia Touls	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE OR DIVO	16 DATE OF DEATH 23, 1923 0
DATE OF BIRTH	(Month) (Day) (Year)
anay 10 :023	may 10 th 1930 10 may 23 1830
(Month) (Day) (Year)	that I last saw hels alive on May 23rd 1923 0
AGE   If LESS than	and that death occurred on the date stated above, at 730 Am.
7 yrs. 0 mos. 13 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	Fulland France.
(a) Trade, profession or particular kind of work	OV.
(b) General nature of induatry business, or establishment in	(Dugation) yrs, inos de.
which employed or (employer)	Contributory Embrous
BIRTHPLACE (State or country)	Secondary (Duration) vs. mos. ds.
10 NAME OF A O C- B	(Signed) I. P. atrill M. D.
11 BIRTHPLAGE	may 24 1930 (Address) Stell Pond
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether  Accidental, Suicidal or Homicidal.
12 MAIDEN NAME PA ALAC	Accidental, Suicidal or Homicidal.  The LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER Mary Eliquellh love	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmos,ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
huse & Clark	Former or usual residence.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Out we	Still Fond com May 25 19812
Filed May 25 is & Melack	20 UNDERTAKED
Registrar	12/1 Clows Mul Ing

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer [re-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Housemuid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coul mine, etc. Wom-(b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria\* (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia,"); \*Lobar pneumonia, \*Bronchopneumonia\* ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstilial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi Committee on Chronic valvular heart disease; etc. The contributory Nomenclature of the Always qualify all

Village or City House Thouse (No.	St.; Ward)  St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)  6 DATE OF BIRTH  Month) (Day)  7 AGE	(Month) (Day) (Year)  If HEREBY CERTIFY, That I attended the deceased from 1920, to 1920, and that death occurred on the date stated above, at 1920, to 1920, and that death occurred on the date stated above, at 1920, to 1920, and that death occurred on the date stated above, at 1920, to 1920, and that death occurred on the date stated above, at 1920, to 1920, and that death occurred on the date stated above, at 1920, to 19
If LESS than   dayhrs.   day	The CAUSE OF DEATH & was as follows:
(b) General nature of industry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country) How Castuce.	Contributory. Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MATHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 NAME OF FATHER  11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAINENAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME O	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or countries to Cashi Co. Lo.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW LEDGE	ients, or Recent Residents)  At place of death yrs. mes. da. State, yrs. mos. da. Where was disease contracted, if not at place of death?  Former or
(Address) Kennehyville RA Filed Mach 101930 & Pheloush Registran	usual residence.  13 PLACE OF ECRIAL OR REMOVAL DATE OF RURIAL  14 March 17 18 30  25 UNDERTAKER  25 UNDERTAKER  25 UNDERTAKER  26 UNDERTAKER  27 UNDERTAKER  27 UNDERTAKER
	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the disease calising Death, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases. specially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsnits can be known. eupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material whatever, write None. fired 6 urs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the Disease causal death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,").

use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified. is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marusmus," "Old Age," "Shock," "Drepsy," "Exhaustien," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," eonditions, such as "Asthenia," "Anaemia" ary), 10 ds. eausiug death), 29 de.; Bronehopneumonia stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPIRAL septicaemia," "PUERPIRAL peritonitis," etc. "Uraemia," "Weekness." etc., when a definite disease vulsious." Obronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart ment of cause of death approved by Committee train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway .. (name origin; "Caucer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "contributory." "Debility" ("Congenital," "Seuile," etc.), Never report mere symptoms or terminal (Recommendations on state-"Coma," disease; (seeond-(merely

MAN Every Item of Information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back BINDIN V FOR WITH UNFADING INK--THIS IS MARGIN RESERVED INLY, WRITE

V. S. No. 1

W : 5	PLACE
PHYSI-	County
EXACTLY, y classified leafe.	Village or City
EXAC riy clas	2FUL
stated E. properly of certific	PERSON
ENT e sta	3 SEX

PLACE OF DEATH	12524 STATE OF MARYLAND
County / SM/	CERTIFICATE OF DEATH
	(Fa) Registration Dist. No. 202
Village or City Cheelertener No.	St.: Ward) (If death occurred in a hospital or institu-
	tion, give its NAME in- stead of street and
2FULL NAME CACE V 100	Comper.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH 10 15 1950
OB DIVORCED	
F/M (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	10-1 1986. to 10-14 , 1980,
1-lb 2, 1862	10 101
(Month) (Day) (Yesr)	that I last saw har alive on 19-
7 AGE IFLESS than I dayhrs.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH was as follows:
68 yrs. 8 mos. 13 ds. or min.?	Theleond have
B OCCUPATION A	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	10.000,0000,000000000000000000000000000
business, or establishment in which employed or (employer)	(Duration) yu mos da.
9 BIRTHPLACE	Contributory Buch & Bleits
(State or county) ent loo lack	Secondary (Duration) yrs mos/L de.
TO NAME OF FATHER 711 XI	(Signed) Phone Phone M. D.
William Mouney	10-16 1928 (Address) Chesta levet
of FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) [ Coc ] tall Ma	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Annue Eliz Soom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Howard Reed	Former or usual residence
01.11 - 2.1	19 PLACE OF BURIAL OR REMOVAL
(Address) Westerroun Mc.	amountary ( ), in
15 Filed Och N 1920 W.J. Nest	20 UNDERTAKER ADDRESS
Filed 178	Time II Grown Brusch His

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dcalnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISTERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros particle fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by Committee on tetanus) may be stated under the head of "contributory." as-fracture of skull, and consequences (c. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is loss definite; avoid American Medical Association.) Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory affection need valvular heart Nomenclature not

N. B.--Every Item crinformation should be carefully supplied. ACE enough to state EXACTLY, PMYSIV CIANS should etate CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD RANENT BINDING AINLY, WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE

No. 75)

PLACE OF DEATH County County	04423 STATE OF MARYLAND CERTIFICATE OF DEATH
77 / 91 10	Registration Dist. No. 203
Village or City Oct to alino.  2FULL NAME Marcellus O	St.: Ward)  St.: Ward)  (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Thile Single, MARRIED Married OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  Obil 6 1868  (Month) (Day) (Year)	that I last saw hart alive on Almid 2 4 , 1923 L,
7 AGE    Standard   Control of the c	and that death occurred on the date stated above, at 23 Pm. The CAUSE OF DEATH * was as follows:  ARAPPALL LISION
(a) Trade, profession or Plasterer.	Gubfal.
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  State or country)	Contributory Descondary  Contributory  Contr
10 NAME OF Stilliam It Coleman	(Signed) Miliam II Beach M. D.
OF FATHER  (State or country)  12 Majoen Name 7	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER TO CASE OF THE CASE	18 LENGTH OF RESIDENCE (For liospitals, Institutions, Transferts or Recent Residents)
OF MOTHER (State or Country) AND THE BEST/OF MY KNOWLEDGE	At place of death
(Informant) Long It Dolgman	Former or usual residence
(Address) Hoch Halfmd,	Wesley Chapel april 27, 1920
Filed4/26 180 B. Lin Guding Registry	lehas 5 to odd lehistertown
If more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from er," etc., Without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Womadditional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on carbolic acid - probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart affection need Nomenclature not be disease;

CORD

WRITE

ac.	PLACE OF DEATH	6545 STATE OF MARYLAND
30	County Lew	@ CERTIFICATE OF DEATH
ITTOO T	my Arton Ary	Registration Dist. No. 202
EXACT ly class ficate.	2FULL NAME Parrism Fur	St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
operly certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ald be-eting by be proposed back of	3-SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
on the	6 DATE OF BIRTH September 4th 1954	17 I HEREBY CERTIFY, That Pattended the deceased from 1924. to 1924, 1924,
ACE that tions	(Month) (Day) (Year)	that I last saw he alive on face 22, 1920,
ms so that	Flyrs. 4 mos. 2 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
supp In ter See I	a OCCUPATION  (a) Trade, profession or particular kind of work	Embolisms
in pla in pla rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Arous Alysear Scles
be caref EATH In Importa	9 BIRTHPLACE (State or country) A clawall	Secondary (Durattop) 3 de mos, da.
OF DIS very	10 NAME OF FATHER LEVEL SOREM	(Signey) Trans . The liquid M. D.
CAUSE TION	OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mat e C	of MOTHER Magazet For	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
inford stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
E C	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
Every Item CIANS sho statement	(Informant) (Infor	Onls ler lown MC Jan 25, 19.30
BEv	Filed and 1930 W.J. Hicks Registrar	3 P. Fellows Shell Cond
z	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first, line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriag "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be "Heart failure," "Haemorrhage," Chronic etc. The contributory valvular heart disease; etc.

stead of street and

60

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (If death occurred in a hospital or institution, give its NAME in-

number.)

MEDICAL CERTIFICATE OF DEATH

(Month) (Day) (Year)

that I last saw h 2000 alive on from 30, 1926

Dilitation of Heart.

Contributory Secondary

\*State the Disease Causing Death, or, in deaths f

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds. In the State.\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds.

Where was disease contracted,

if not at place of death?......

19 PLACE OF BURIAL OR REMOVAL

Still Sond Cemetery

BR Fellow

Still Pond by

If more branks are needed, address State Registrar, 16 W. Sarotoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. "Uraemia," "Weakness," etc., when a definite discase "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is lcss definite; avoid cough; or intercurrent) affection need not be ss important. Example: Meastes (disease Chronic statement of cause of valvular heart disease; etc. The contributory Poisoned by

WRITE

N. B.--

PLACE OF DEATH		13890		MARYLAND
County.	PP2 Busto to California	101-0	CERTIFICATE Registration J	OF DEATH Dist. No. 202
Village or City Ork Manager 2 FULL NAME 1900	el (No	N	St.:Ward)	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE O	OF DEATH
3 SEX 4 COLOR OR RACE  Voltrey	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Nov (Month)	3 ond, 1980 (Day) (Year)
6 DATE OF BIRTH	) (Day) (Year)	that I last saw h	1566. to 16	ended the deceased from
7 AGE 51 yrs. 2	lf LESS than I day hrs. de. or min.?	and that death occur The CAUSE OF DEAT	red on the dete stated IH year as follows:	above, at   P m
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	ir man.	dyn	Coursion)	from moe 18 de
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	ho koursey		Golden Blee	yis mos de
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	my 40 moun.	Accidental, Suicidal	SIDENCE (For Hospit sidents) In the sosds. State	els, Institutions, Trans
(Informant)	T OF MY KNOWLEDGE	if not at place of death	h}	
(Address) Buck	Hall	Trous Ha	ar REMOVAL	NovA 1, 1930
15 Filed /1 / 3/38 192 /3.	Lun Duding	le has L.	hoodd!	Chester town
If more branks are	needed, address State Registres	, 16 W. Saretoga St., I	Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospizal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature stated unless important. Example: Measles (disease American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic affection need not be etc. The contributory valvular heart disease; etc., of

N. B.

PLACE OF DEATH  County // // // // // // // // // // // // //	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203
2FULL NAME Fullbontl	St.: Ward)  A pospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
yrs. mos. ds. or min.?  OCCUPATION (a) Trade, profession or particular kind of work	end that death occurred on the date stated above, at
(b) General nature of induatry business, or establishment in which employed or (employer)	(Duration) ds.  Contributory Secondary
(State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  (State or country)	(Signed)
OF MOTHER M Raulium / Oleman 13 BIRTHPLACE OF MOTHER (State or country) Ballo	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yre mos ds.  Where was disease contracted,
(Informant) William O Golon  (Address) Book Soul	if not at place of dea.h?
Filed 12/15 19230 B. Tim Denden	WM Q. Coxen (Fallis) Thoule Hall

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term ou yrs). Farm laborer, Luborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (6) Automobile factory. The material (6) Grocery;

Strtement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphal fever (the only definite synonym is "Epidemic cerefrosi in a meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetunus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Trahaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably sucide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary Chronic interstitial nephritis, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, cough; or intercurrent) affection need not be Chronic valvular heart disease; nephrilis, etc. The contributory

N. B.

PLACE OF DEATH	6546 STATE OF MARYLAND
County A Test-	CERTIFICATE OF DEATH
0	Registration Dist. No. 202
Village or City Shester Lown (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and
2FULL NAME MAJY	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MONICE WIDOWED (Write the word)	16 DATE OF DEATH Jan 12 — , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
May 4, 186	6 Cl 192 G. to San 193 Q.
Month) (Day) (Year)	that I last saw h sm. alive on the 17 , 1980,
7 AGE    If LESS that	
68 yrs. 8 mos. 8 ds. or min.	
BOCCUPATION (a) Trade, profession or // / / / / /	asute myocardites -
particular kind of work Wich Dehool Wedehis	4
(b) General nature of industry business, or establishment in	(Duration) vrs. mos de.
which employed or (employer)	Contributory Dealells
9 BIRTHPLACE (State or country)	Secondary  (Durstion) 10-1 2/yrs
10 NAME OF Phillip Parasy	(Signed) It Denge Summone M.D.
o 11 BIRTHPLACE	(Address) Che Me Nown, My
OF FATHER  (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Son who a soud	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)  At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mrs. Mark freusey	Former or usual residence
(Address) Exestertown Md	Light-Street Pa fan 16: 1020
15 Filed pult - 1930 OS JALEKS	20 UNGERTAKER SHEEKS PRESLITERED
If more bianks are needed, address State Registra	ar, 16 W. Saretoga St., Belto., Requesting V. S. Na
	1 State

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic affection need etc. The contributory valvular heart not be disease;



PLACE OF DEATH	08124 STATE OF MARYLAND
County Ken	CERTIFICATE OF DEATH
May To	(29) Registration Dist. No. 200
Village or City Milling by (No	St.: Ward)  St.: Ward)  Orellander  St.: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  March 30, 1547  Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from 1924 to 1923 that I last saw h & Kalivo on Luly 3 1 , 1923 that I last saw h & Kalivo on Luly 3 1 , 1923 that
7 AGE    If LESS than   I day hrs.   ds.   or min.?	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) J yrs. 4 mos. da
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)yre
FATHER Gavin Buris	(Signed) M. D.
OF FATHER  (State or country)	State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANY Q BULLS  13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truncients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosde
(Informant) ROOM & Burns	Former or usual residence
(Address) At 10 millington	ase. Ex plut shortested
Filed 7/22 192) S May Registras	Spark ford Sumply
If more b.anks are needed, address tate Kegistra	ar, 16 W. Saratoga St., Balto., flequesting V. S. Ito. 1.

(Approved by U. S. Census and American Fublic Health Association.)

definite salary), may be entered as Housewife, Houseployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Farm loborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to e:ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st.ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy troin-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic volvular heart etc. The contributory affection need not be Nomenclature disease;

V. S. No. 1

N. B.

PLACE OF DEATH	13891 STATE OF MARYLAND
County Kenh.	CERTIFICATE OF DEATH
WALLS CORPORATIVE WITCH	7400 Registration Dist. No. 20%
Village or City Sheefertine (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME M. Arnos	6 oruch tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH , 1980
(Write the word)	(Month) (Day) 930 (Year)
6 DATE OF BIRTH	768 Zv Nov 1946 10 Mr 27 1930
0.0000000000000000000000000000000000000	Year) that I last saw h Lta alive on Nor 39
	S than and that death occurred on the date stated above, at
BIDCCUPATION	
(a) Trade, profession or particular kind of work	Apolale+ 4)
(b) General nature of industry business, or establishment in	Ourstion vre moe 2 de
which employed or (employer)	Contributory Ten All
9 BIRTHPLACE (State or country)	Secondary  (Duration) J. yre 7 mos de
10 NAME OF CURROW	(Signed) Lote a. W Whaland M.D.
11 BIRTHPLACE	Nor 29 192 (Address) Lopestorting not
OF FATHER (State or country)	*Swite the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  USCANO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mas Arma Bostley	Former or usual residence
(Address) 2-965 Parlack	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DEC 1, 1930
15 Filed Nov 30 1930 W.J. Hice Regist	20 UNDERTAKER ADDRESS  LOW 14 PA DO LOW CO 140
	egistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (o) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Former (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a " etc., For many occupations a especially in industrial employments, it is neces-Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telonus) may be stated under the head of "contributory." stated unless important. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railmoy troin or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic volvular heart disease; Example: Measles (disease etc. The contributory Measles;

S. No. 1

80

PHYSI-

PLACE OF DEATH	6547
County / Q	001
Village or City Still Toud (No.	89
2 FULL NAME Harry harry	
PERSONAL AND STATISTICAL PARTICULARS	MEDIC
Decile Their SINGLE, MARRIED, MARRIED, OR DIVORCED (Write the word)	16 DATE OF DEATH
DATE OF BIRTH	17 I HEREBY
(Month) (Day) (Year)	that I last saw h
/ AGE // Syra. 5 mos. / ds. or min.?	and that death occu
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
(State or country) Delewart.	Contributory Secondary
10 NAME OF FATHER HENRY Davis	(Signed) 198
OF FATHER (State or country) Delleware.	*State the I Violent Causes, s Accidental, Suicidal
of MOTHER Cafferine Riley	18 LENGTH OF RE
13 BIRTHPLACE OF MOTHER (State or Country)  Quicker  (State or Country)	At place of deathyrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea
(Informant) Waller Dans	Former or usual residence
(Address) Still fond und	Me Churce
5 De in 1 JAPParts	20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (If death oc a hospital or

) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

#### MEDICAL CERTIFICATE OF DEATH

6 DATE OF DEATH	Jan	8	1930
	(Month)	(Day)	(Year)
12 I HEREBY CERT	IFY, That I att	ended the dec	eased from
hat I last saw h Malive			
nd that death occurred on the CAUSE OF DEATH * w	as as follows:	-	
Contributory de	(Duration)	yrs. m	osds.
Signed) ARBO	helon helon dress leks	JIB. M	os,de. M, D,
*State the Disease Violent Causes, state (1 Accidental, Suicidal or Hom	) Means of In	or, in deat jury and (2)	hs from Whether
8 LENGTH OF RESIDEN ients or Recent Residents		als, Instituti	ons, Trans-
At place f deathyrsmos Where was disease contracted, i not at place of death?	ds. In the	eyrs	mesde.
ormer or sual residence	*****************************	S de grande and service of the servi	*
9 PLACE OF BURIAL OR	REMOVAL	DATE OF	BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Spinal meningitis"); Diphtheria avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Letanus) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart tanuac," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. earbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease, etc. The contributory

MARGIN RESERVED FOR BINDING	WRITE P. NLY, WITH UNFADING INKTHIS IS A PERMANE	The property of information should be carefully supplied ACE should be severally state CAUSE OF DEATH in plain terms so that It may be p
	Р	of uid
	WRITE	F 6 7 6 6 7 6 6 7 6 7 6 7 6 7 6 7 6 7 6

V. S. No. 1

N. W

,	06802 STATE OF MARYLAND
PLACE OF DEATH	STATE OF MARTLAND
County Class	CERTIFICATE OF DEATH
rum won/takes approximation	Registration Dist. No. 202
Village or City het town (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME No Christian ramy &	Stube tion, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White:    SINGLE, MARRIED, infant WIDOWED. OR DIVORCED SHOULD WITH (Write the word)	16 DATE OF DEATH  SUMMED (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to limb a 1930, New Law him alive on from 8 1930.
7 AGE   If LESS than   I dayhrs.   da. ormin.?	and that death occured on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Sworths gest strong de. (Duration) you mon de.
9 BIRTHPLACE (State or country) May land	Contributory Secondary  (Duration)
10 NAME OF Sederly Destables	(Signed) Holing Simmond M. D. June 3 1924 (Address) Cheatitory Int
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother So did Mar ackso	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(informant) Laney D'Stuber (Address) Cheste low mo,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Chesler Cometery Kyestylown James 1980.
15 ringfum 3 1930 W V Hicks Registra	20 UNDERTAKER HECKS Sustislours
If more b.anks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ab. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm en at home, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health. state occupation at beginning cfillness. If retired from definite salary, may be entered as However, Housewer, or At Home, and call in a, not gainfully emplayed, as At school, or At home. Core should be taken to report specifically the occupations of per ans enworked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-Spinner, (b) Colton mill; (a) Sulesman. cases, especially in industrial employments, it is neces-Civil engineer. Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmon-(reor given up on account of the DI TACE CAUSING DEATH. Housemaid, etc. If the occup tion has been changed gaged in domestic service for wages, as Serund, Cook en at home, who are engaged in the duties of the household only (not paid Houselee as who receive a nature of the business or industry, and therefore an Physician, Compositor, Architect, " et ., without more precise special ation as borer, Farm laborer, Laborer—Coal nume, etc. W Foreman, For many occupations a single word or term on yrs). (b) For persons who have no occupation Automobile factory. The material Locomotive engineer, (6) Grocery; Wem-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consquences (e.g., saysis, totanus) may be stated under the head of contributory." "PUERPERAL seplicaemia," "TUERPERAL perilonilis can be ascertained as the cause. Always qualify all tions, such as "Asthenia;" "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping . . . . . (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consquences (e.g., sepsis, or as probably such, if inch. ible to determine definitely. and qualify as ACCIDEN AL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental dire Recommendations un it; Pero'ver want have homicide; Poisoned by "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronehopneumonia (secondary), cough; Chronic statement of cause of etc. valvular heart disease; So web by railway train The Sarcoma,, etc., of contributory

PLACE OF DEATH	STATE OF MARYLAND
County / EMT	CERTIFICATE OF DEATH
B. 14.00	Registration Dist. No. 203
Village or City / WC/ No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Edmonia	Mill . tion, give its NAME is steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale Hutz (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July of " 18 of	1950. to 1247, 1950,
(Month) (Day) (Year)	that I last saw h to elive on taw 7, 1930,
7 AGE   If LESS than   I day hrs.	and that death occurred on the date steted above, at
80 yrs. 6 mos. 2 ds. or min.?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8 OCCUPATION (a) Trade, profession or Returns	apoplexas
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs mos ds.
which employed or (employer)	Contributory
(State or country) Marshand.	Secondary (Duration) yrs, mosds,
TO NAME OF CIPLE TO A THE TOTAL OF THE PATHER COLOR OF THE TOTAL OF TH	(Signed) JH 3 enge Sommone M. D.
11 SIRTHPLACE	San 8 1980 (Address) Chestertown mg
OF FATHER (State or country)  OF FATHER (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wath Lessenby,	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the
(State or Country) Marshadd.	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dee h?
(Informant) MS Seo Joaney.	usual residence
(Address) Nock Halfund	Noch Hall Md. laug!, 1930
15 Filed 1/9/30 192 7. B. Sudual C	20 UNDERTAKER ADDRESS
If more banks are needed, address tate Kegistra	r, 16 W. Saretoga St., Balto., Requesting V. S. Iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, tion applies to cuch and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer ar Planler, sician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal menin\_itis"); Diphtheria (avoid use of "Croun"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia");

(Recommendations on statement of cause of death approved by Committee on telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," st\_ted unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, acaident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis af lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. Nomenclature of the The contributory

N. B.--

PLACE OF DEATH County / Ent	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
2FULL NAME James Folia.	St.: Ward)  (If death occurred In a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  Sep /// , 1857  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 1930 that I lest saw h Lie alive on Let 4 1930
7 AGE  1 day hrs.  7 mos. 23 ds. or min.?	and that death occurred on the data stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Durstion) yrs. mos. ds.
which employed or (employer)  BIRTHPLACE (State or country)  Md	Contributory Secondary Claud Market M
11 BIRTHPLACE	(Signed) M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Same Anields.  13 BIRTHPLACE OF MOTHER (State or Country)  Mcl.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of death
(Informant) To the BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) le fresten town mid	place of Burial or REMOVAL DATE OF BURIAL PLANE 6, 1950 and ADDRESS
Filed Lac 9 1922 III Warks	Johns L 60 rd de Chastrotown

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, " etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not Chronic Example: Measles (disease etc. The contributory valvular hcart disease;

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A F WRITE

V. S. No. 1

	PLACE OF DEATH	13892 STATE OF MARYLAND
	County Cleud	GO CERTIFICATE OF DEATH
	Bubl.	Registration Dist. No. 203
certificate.	Village or City Man Half No. 25 ULL NAME LELY Man	Ward) (If death occurred in a hospital or institution, give its NAME instead of streat and number.)
ertif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
of c	3 SEY 4 COLOR OF PACE   5 SINGLE,	16 DATE OF DEATH
back	Temple White Write the work	(Month) (Day) (Year)
d no suc	6 DATE OF BIRTH  Marel 9, 1865  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1930. that I last saw h aliva on 1920,
otto	7 AGE [If LESS than	/ 14 - 0
instruct	yrs. 5 mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
See in	8 OCCUPATION (a) Trade, profession or particular kind of work	Mardis-Genal
<del>-</del>	(b) General nature of industry	(Duration) outs mos de.
porta	which employed or (employer)	Contributory (Contributory (Contributory)
imp	9 BIRTHPLACE (State or country)	Secondary (Duretion) we mos de
very	10 NAME OF FATHER LEWISSEL CLINETS	(Signed) saux of freeth M. D.
<u>o</u>	U II BIRTHPLACE OF FATHER	Main 1980 (Address) Wellette
NOI	OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)  Margland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	of Mother Jarah Jessenburg	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
CCC	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
ento	(Informant) Lacob Downey	Former or usual residence
statem	(Address) Arak Hall	Design should have 11 , 1930
e et	Filed 9-18 1930 B. Trun Durding Registrar	20 UNDERTAGER & BOOK HOUSE
1	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrespinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Iraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Thanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory

PHYSI-

Vil	lage or City	LL NAME	D.	ora	· L	Juck
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6 C	ATE OF BIR	тн	(Month)		(Day)	, 1873 (Year)
7 A	GE					If LESS than
PUb	a) Trade, prarticular kino) General nusiness, or e	ofession or d of work ature of inc stablishmen	dustry	mest	•	or min.
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ARENTS 6 NG 10	a) Trade, practicular kin b) General n usiness, or e chich employ BIRTHPLACE (State or co 10 NAME G FATHER 11 BIRTHPL OF FATH (State or MOTION	ofession or d of work ature of incestablishmen red or (employentry)	dustry t in oyer)	Cv.	المناسبة الم	1

08121

#### STATE OF MARYLAND CERTIFICATE OF DEATH

129

sual residence

CERTIFICATE OF DEATH
Registration Dist. No. 200

ny	St.:	ti	hospital	or institute NAME in	1
MEDICA	AL CERTIFI	CATE OF	DEATH		
16 DATE OF DEATH	(Mon	y 2		1930 (Year)	-
that I last saw hay	CERTIFY, The state of the state	at I attend	ed the de	192	かっつ
and that death occurs The CAUSE OF DEAT	H * was as fo	to stated abo	•ve, at Ω	<i>σο</i> Γπ	1.
Contributory	Duratio	1/	effere.	30 d	
Secondary (Signed)	(Durati	Slac	white	М. Г	
*State the Pi Violent Causes, sta Accidental, Suicidal of	sease Causing ate (1) Mean or Homicidal.	Death, or s of Injury	in dea and (2)	ths frem Whether	
ienta or Recent Res At place of death yrs	osds.	In the		ions, Tran	
Where was disesse contr if not at place of dead	acted, h?	************			-

If more bianks are needed, oddre 2 tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questo report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only 'not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs . Farm laborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile factory. The material 6 Grocery; Day

Statement of Cause of Death—Name, first, the DISEALE "AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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1	ORD	XACTLY, P
SINDING	MANENT	should be stated E
MARGIN RESERVED FOR BINDING	H UNFADING INKTHIS IS A F WANENT CORD	hould be carefully supplied. ACE should be stated EXACTLY, POF DEATH in plain terms so that it may be properly classified.

PLACE OF DEATH	01775 STATE OF MARY
•	Registration Dist. No
Village or Cit Milington (No.  2FULL NAME Rarion 7.	St.: Ward) (If d a hos tion, stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
Jewale Color OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Fier. 8,
6 DATE OF BIRTH  (Month)  (Day)  (Year)	I HEREBY CERTIFY, That I attended to that I last saw here alive on I See 85
7 AGE II LESS th	s. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (Ntate or country)  Pullington, Md.	Contributory Secondary (Duration) yrs
11 BIRTHPLACE OF FATHER  (State or country)  10 NAME OF FATHER  Wm. Dudley.  11 BIRTHPLACE OF FATHER (State or country)  Willington, Wd.	(Signed)
12 MAIDEN NAME OF MOTHER Muttin 13 BIRTHPLACE OF MOTHER (State or country)  Success Grane.	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Inients or Recent Residents)  At place of desth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Wm. Dudley.	Where was disease contracted, if not at place of des.h?  Former or usual residence
(Address) Millington, Mrd.	mandi to
Filed 2//0 1996 M. Michael Registrar	20 UNDERTAYER 4 ADDR

1 14 14 1	STATE	OF M	IARY	LAND
10.0	CERTIFIC	CATE	OF	DEATH

Registration Dist. No.

lley	St.:	_Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
MEDICAL	CERTIFIC	CATE O	DEATH
16 DATE OF DEATH	Fie	G.	8, , 1930
that I last saw h 22 a	1980 to	TER-	82, 1982.
and that death eccurred The CAUSE OF DEATH	on the date	stated a	bevo, at 4 . 20 Tem,
Contributory	(Duration	n)	yrede.
(Signed)	Address	200	yra
*State the Disea. Violent Causes, state Accidental, Suicidal or l	se Causing (1) Means Homicidal.	Death, of Inju	or, in deaths from ry and (2) Whether
18 LENGTH OF RESID		Hospita	le, Institutions, Trans-
At place of desth yrs	ds.	In the State.	yrsds,
Where was disesse contract	ed,	-	
Former or usual residence			
19 PLACE OF BURIAL C	R REMOVAL	ed. E	ADDRESS

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed definite salary, may be entered as Howevije, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Diseas. Coursing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease etc. The contributory

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

deaths from

DATE OF BURIAL

a hospital or institu-tion, give its NAME i stead of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

roloyed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary, may be entered as Housewife, House should be used only when needed. As examples: (o) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemand, etc. If the occupation has been changed en at home, who are engaged in the dutics of the Spinner, (b) Cotton mill; (a) Salesman, (b) Greecry; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. Statement of Oceupation-Precise statement of ocwhatever, write None. tired 6 yrs. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Civil engineer, Stationery fireman, etc. But in many Physician, ," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Womor At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, For persons who have no occupation (a) the kind of work and also (b) the Architect, Locomoline engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: (\*erebrospina fuser\* (the only definite synonym is "Epidemic cerebrospinal meningitis"): \*Dishilheria\* avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia, \*Bronchopneumonia\* ("Pneumonia, \*Programma of the programma of

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." atie), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcusles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacomia," "PUERPERAL perilonitis," clc. diseases resulting from ehildbirth or miscarriage as (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; perilonaeum, etc., Carcinoma, Sorcoma, etc., of interstitial nephritis, " "Marasmus," "Old Age," "Shock," as the eause. Always qualify all Chronic valvular heart disease etc. The eontributory death

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT BINDING FOR A INLY, WITH UNFADING INK--THIS IS RESERVED MARGIN WRITE

V. S. No. 1

N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County Such	CERTIFICATE OF DEATH
A	Registration Dist. No. 203
Village or City set That (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
TOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Add Nath Single, Married, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH Jefrassy 27, 1930  (Month) (Day) (Year)
March 25: , 1864	17 I HEREBY CERTIFY, That I appended the deceased from
(Month) (Day) (Year)	10
7 AGE If LESS than I day hrs.	
6 J yrs. 10 mos. 79 ds. or min.	
(a) Trade, profession or particular kind of work	(Jight wide Venuplegie
(b) General nature of industry	Mark 1 (Chitter)
business, or establishment in which employed or (employer)	(Duration) mos de
	Contributory Derehal Chiefologia
9 BIRTHPLACE (State or country) Maryland	Secondary (Duration) yrs mos de
10 NAME OF Bensimen Durdius	(Signal) Saul Committe M. D
0 11 BIRTHPLACE	()711/9 1990 (Address) Williams
Z (State or country) Marylays	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Simiette Stevens	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country) Maryland	of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
4 sed of lever	Former or usual residence
(Address) Fact Fact	19 PLACE OF BURIAL OR REMOVAL  AND AND PLACE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL
15 Filed 2/24 192 8 B. T. Standard	20 UNDERTAKER AUT ADDRESS CHUICH WILL
If more bianks are needed, addres State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-" etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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RUBERAU

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HYSICIANS statement of

oun	ity /	al			
lla	ge or City	Micro	7	(No	***************************************
	² FU	LL NAME	********	Edi	
	PERSO	NAL AND S	TATIST	TICAL PARTICU	LARS
SE	xı	4 COLOR OR	RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Waite the word)	
DA	TE OF BIRT	н			
		6	do	5	1830
AG	Ε		(Mon		It LESS than I day, hrs. OR min.?
(a	CCUPATION ) Trade, prefer	t work		mos. ds.	C. Minici
pa (but wh	r) Trade, prefer rticular kind o ) General natu siness, or est	esion, or 1 work ire of Industry ablishment in Gremployer)	/	mos	Section 1
pa (but wh	) Trade, prefe rticular kind o ) General natu siness, or est ich employed (	esion, or f work	/		Breat American
pai (bush wh	1) Trade, preferricular kind of criticular kind of	esion, or f work  Ire of industry abilishment in or employer)  OF R	/		
(a pai (bu) wh	17 rade, preferricular kind of preferricular kind of preferricular kind of grand preferricular kind of preferr	esion, or  † work  re of industry ablishment in or employer)  or R  PLACE HER or country)	/	De Care	
pai (bush wh	17 Trade, prefer ricular kind of ) General natur siness, or est ich employed (   IRTHPLACE (State or cou   10 NAME     FATHE     11 BIRTHF OF FAT (State     12 MAIDE OF ME	ossion, or  f work  re of industry ablishment in  or employer  ntry)  OF R  PLACE HER OF COUNTRY)  N NAME OTHER	/	Show Lase	
PAREN S wh	17 Trade, prefer ricular kind of ) General natur siness, or est ich employed (   IRTHPLACE (State or cou   10 NAME     FATHE     11 BIRTHF OF FAT (State     12 MAIDE OF ME	esion, or  f work  re of Industry abilishment in  or employer)  ntry)  OF R  PLACE HER OR COUNTRY)  N NAME OTHER  OT COUNTRY)	/	2 Par	38.
PAREN S wh	17 rade, preferricular kind of criticular c	esion, or  f work  re of Industry abilishment in  or employer)  ntry)  OF R  PLACE HER OR COUNTRY)  N NAME OTHER  OT COUNTRY)	m	2 de las	38.

If more blanks are weeden, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### 13893 STATE OF MARYLAND CERTIFICATE OF DEATH

St.;...

Registration Dist. No.

Ward)	[If death occurred in a hospital or institution
	give its NAME Instea

MEDICAL	ERTIFICATE O	F DEATH	
16 DATE OF DEATH	Inco (Month)	(Day)	, 1950 (Year)
1 HEREBY CERT	IFY, That I att	ended decea	sed fron
Chos. 5.	30, to 12	2 44.	, 1913
that I last saw h	live on	m 5	, 19
and that death occurred	on the date sta	ted above, a	t//Aur
The CAUSE OF DEATH	was as follow	5:	
	000	••••••••	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Lebon	Z	****************
***************************************	# ************************************	b77 b	
**************************************	(Buratton)	yrsn	08d
Contributory			
Secondary	4		
	(Duration)	yrsn	osd
(Signad)	Cot	elm	- N.
Mas 19 1020	Address)	ree	-
*State the DISEASE C	AUSING DEATH, Or.	in deaths from	VIOLENT
CAUSES, State (1) MEANS SUICIDAL OF HOMICIDAL.	of Injury; and (	2) whether Acci	DENTAL,
18 LENGTH OF RESIDENCE			
OR RECENT RESIDENTS)			
At place of death	In the	vrs.	mos de
Where was disease contracted,		***************************************	
If not at place of death?		**************************************	***********
Former or asset residence			
19 PLACE OF BURIAL OR F	EMOVAL	DATE OF BUE	HAL
Masser	Ma.	11/5	1976
20 UNDERTAKER		ADDRESS	
Cit De	1 7 70	, /.	1.

[Approved by U. S. Consus and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, various pursuits can be known. The question very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in Locomotive engineer, (b) Auto-

unqualified, is spinal maningitis"); Diphtheria (avoid use of "Croup"); causing DEATH (the primary affection with respect to Typhoid fever Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), using always the same accepted for the same disease. meumonia. (never report "Typhoid indefinite); Tuberculosis of lungs, menin-Branchopmeumonia Examples: ("Pneumonia, pneumonia" Cerebrospinal

> on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated Struck on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible cause. mus, to determine definitely. Examples: Accidental drawning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths buth or miscarriage as "Puerperal septichaemia, "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scuile," ctc.), "Anacmia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ..... " "Old Age," "Shock," "Uraemia," "Weakness," when a definite disease can be ascertained as the by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intereur-"Dropsy," State cause for which Never report mere "Exhaustion," ("Con-

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DEC 4 1930 TREAU V.

S No. 1

5

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County /Cest	CERTIFICATE OF DEATH
THIN CONTENANT LIMITS OF	(91-6) Registration Dist. No. 202
Village or City Charles (No	Ward)  (If death occurred In a hospital or institution, glve Its NAME Issued of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single, MARRIED, Widows OR OIVORCED (Write the word)	16 DATE OF DEATH DC 29, 1930  (Month) (Day) (Year)
March 23, 1841  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920, to See 29, 1920, that I last saw herealive on See 29, 1930,
7 AGE  89 yrs. 9 mos. 6 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  SBIRTHPLACE (State or country)  Punnylvair	(Duration) yrs mos de.  Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER Clas & Bowne  11 BIRTHPLACE OF FATHER (State or country) Mary land  12 MAIDEN NAME OF MOTHER Hankah Herring  13 BIRTHPLACE OF MOTHER (State or Country) Waryland.	(Signed)
(Informant) Mollie G. Sumpere.  (Address) Chestulowy Md	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Date Of BURIAL  Date Of BURIAL  Date Of BURIAL  Date Of BURIAL
Filed Dec 2/1920 20 V Alicky Registras	20 UN DERTAKER Chisterlows My
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cofk, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptelectr for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Dinhiheria (avoid use of "Croup"); S. Inal meningitis"); Dinhiheria (avoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely, taken. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, approved by Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic " "Old Age, " "Shock," etc. valvular heart disease; Nomenclature of the The contributory

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County tent	CERTIFICATE OF DEATH
	Registration Dist. No. 202
Village or City hestertown (No.	St: Ward) (If death occurred in a hospital or institu
2FULL NAME Not no	med Justee ton, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	18 DATE OF DEATH 15 193 0 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE  Miscamage   If LESS than   I day hrs   which will be a second or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Stall Born
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)  LEAN Co Med	Secondary (Duration)
10 NAME OF FATHER James & JT isher	(Signed) H 3emes mmons M. D. Feli, 16 1984 (Address) Cheste Lown M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eva Landner	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Lent Co, Mod.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not et plece of death?
(Informant) las. It Bucher	usual residence
(Address) Cheste town mid	Slome (garden) Feb 16", 1980
15 Filed Tel 16 - 1980 W J Herks Registrar	Lames J. Flisher Thester Abelianders
If more bianks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Mak

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; intercurrent) affection need not be Chronic etc. The contributory valvular heart disease; etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	06803 STATE OF MARYLAND
County Levy	CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Bellevion (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE,  MARRIES,  WIDOWED,  OR DIVORCED  (Write the word)	16 DATE OF OEATH  (Mouth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
don't no,	may 20 th 1930. 10 from 10 4, 1980.
(Month) (Day) (Year)	that I last saw held alive on frame 10th 1930,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
consist 10	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
(a) Trade, profession or	Crancel Junior, tonign,
particular kind of work  (b) General nature of industry	ot have of train cuss
business, or establishment in	(Duration) yrs. mos ds.
which employed or (employer)	Contributory hypnowy
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	Duration yrs. mosds.
FATHER C.O. T. J.	(Signed) M. D.
11 BIRTHPLACE	June 12 193 O (Address) Stell Find
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
U 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER alout-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER Permissioner	ients or Recent Residents)  At place In the State yrs
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Bessie Brice	usual residence
(Address) Bellerton	July Hill Comelly June 14 1930
15 Filed her 1 19230 Molach	20 UN OERTAKER Tuladelfilitationess

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Form laborer, Loborer-Coal mine, etc. (b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery Wom-

Statement of Cause of Death—Name, first, the DISAE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

>approved by tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of corbolic acid - probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic volvulor heart discose; The nature of the injury, etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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WRITE AINLY, WITH UNFADING INKTHIS IS A P	CIANS should state CAUSE OF DEATH in plain terms so that statement of OCCIDATION is very important. See instructions
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V. S. No. 1

PLACE OF DEATH	12525 STATE OF MARYLAND
County Lew	CERTIFICATE OF DEATH
	Registration Dist. No. 200
Village or City Ear Galenco.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Elizabeth O. Ho	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OF RACE  MARRIED.  WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I outended the deceased from
9 1 1929	1920. to W
(Month) (Day) (Year)	that I last saw har alive on
7 AGE If LESS than	and that death occurred on the date stated above, atm.
yrs	The CAUSE OF DEATH * was as follows:
B OCCUPATION	The start of
(a) Trade, profession or particular kind of work	and the state of t
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. / 8 ds.
9 BIRTHPLACE	Contributory
(State or country out & Wel.	(Duration) Ayrs do.
10 NAME OF	(Signed) Let P. M. D.
FATHER ROBERT J. MOGUELLO	Och 6 1930 (Address) Salgram Mid
U DI BIRTHPLACE OF FATHER	
Z (State or country)	*State the listase Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER POOR S. ROAD	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) ULL CO. KULL	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Cost d. Togues	usual residence
md Me alessa Md	19 PLACE OF BURNAL OR REMOVAL
(Address)	20 UNDERTAKER DEPORT
Filed Whi 7 1920 Litte Suns	John & Coffage Cillin led
If more branks are needed, address tate Kegistra	16 W. Saratoga St., Balto., Requesting V. S. 110. 1.

N. N.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemuid, etc. If the occupation has been changed g ged in domestic service for wages, as Screat, Cook, work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile fuctory. The material without more precise specification as Day

Statement of Cause of Death—Name, first, the nig-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Recommendations on statement of eause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronicaffection need not be etc. The contributory valvular heart disease; Nomenclature of the

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	Exac	PLACE OF DEATH County Kent
SORD	EXACTLY, P. Classified.	Village or City Melling
ENT	e stated EXAGe properly cla	PERSONAL AND STATISTIC
BINDING	ACE should be that it may be offens on back of	Make While 6 DATE OF BIRTH
FOR IS A	0 -	7 AGE
1ARGIN RESERVED UNFADING INKTHIS	y supplied.	B OCCUPATION (a) Trade, profession or particular kind of work
IN RES		(b) General nature of industry business, or establishment in which employed or (employer)
>	should be caref	10 NAME OF FATHER Waltu
LY, WITH	rmation state CAUSE	OF FATHER  Z (State or country)  12 MAIDEN NAME OF MOTHER  Many
AINL	info stg ccu	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST
WRITE	Every item of CIANS should statement of O	(Informant) Haltu K
No. No.	BEve CiA	15 Filed (6/) 1920

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City Mills	ush	Pu(No.	
- K. K. Kaski Akasa	1		
FULL NAME	fa	mes	to
SONAL AND ST	ATISTIC	AL PARTIC	CULARS
4 COLOR OR	, MACE	SINGLE, MARRIED, WIDOWED,	Sungle
Whil	<b>众</b>	OR DIVORCE (Write the wo	rd)
BIRTH	10		
	he	2)	1921
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Sta: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)

ME	DICAL CI	ERTIFIC	ATE O	F DEAT	Н	
16 DATE OF DEA	ATH C	1.	3	_	, 193	10
*	04000 0000 T 00 000 000 000	(Monti	h)	(Day)	(Y	ear)
17 / I HER	EBY CERT	1	10			
Lecon 1	1	92/0. to.	lic	L. J -	1	926.
that I last saw h	Linalive	on (	out.	1-	, 1	92)4.
and that death	courred on	the date	stated a	beva, at	3 20 /	K m.
The CAUSE OF I					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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+	, ,	(Durstion	a)	yrs	mos	Sds.
Contributory Secondary	***********	· · · · · · · · · · · · · · · · · · ·			**************	*********
		(Duratio	n)	yıs	mos	de,
(Signed)	Mu	utt	Bu	a		, M. D.
	1921 (Add	dress)	luc	lung	hi	10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
*State the Violent Cause Accidental, Suid	Disease , state (1 cidal or Hon	Causing ) Means nicidal.	Death, of Inju	or, in our	deaths fi (2) Whet	ther
18 LENGTH OF			Hospita	ls, Instit	utions,	Trans
At place of deathyrs	mos	ds.	In the State.	yrs	mos	da,
Where was disaase if not at place of	contracted, dea.h?					· · · · · · · · · · · · · · · · · · ·
Former or usual residence				• 9 <b>4 9 9</b> Manual 9 9 4 5 7 5 8 9 9 • 1		
Delan		Lul	5	Ord.	4	19 <b>)</b> (
	n /			ADDEC	P	

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a " etc., or At Home, and children, For many occupations a especially in industrial employments, it is necesyrs . Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on not gainfully em-

Strtement of Cause of Death—Name, first, the DISEASE (\*\*105/ING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be street unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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Ada -	
Village or City Harmony March	(28)
near semedules Dud. 2FULL NAME COLIVER Of	ord
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE
6 DATE OF BIRTH  (Month) (Day) (Year)	that I la
7 AGE  If LESS the l day he or min	The CAU
a) Trade, profession or particular kind of work  (b) General nature of industry	not
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contr
10 NAME OF FATHER Silliant food	(Signed)
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*S Violen Accide
of MOTHER Manuel Tuilligane  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wa if not at Former or usual resu
(Informant) Annoug Wood (Address) May Censady Wille In	19 PLAC
Filed Sep. 16 1930 Ancelan	20 UND

10511 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Ward) (If death occurred in a hospital or institution, give Its NAME instend of street and number.)

#### MEDICAL CERTIFICATE OF DEATH

OF DEATH

**************************************	ser	/ 9,	19250
***************************************	(Month)	(Day)	(Year)
	ERTIFY, That I at		
9-12	1930 to 9	-10	, 19230,
that I last saw h M		- 15	1920,
and that death occurre	d on the date state	d above, at	0 A_m,
The CAUSE OF DEATH	* was as follows:	phre	lei
not freeded &	i an infact	tions dise	goe.
000000000000000000000000000000000000000	, 440 70 00 70 000 00 000 000 000 000 000	)	
Contributory Secondary	Convell		nosda
A88A### v1 00000 000000000000000000000000000			nosds.
(Signed)	Jas. W.		M. D.
9-15-19230			
	ase Causing Death	or, in de	aths from ) Whether
18 LENGTH OF RESI		oitals, Institut	tions, Trans-
At place of deathyrsmos	In th	ateyrs	mosds.
Where was disease contractif not at place of dea.h?	ted,	······································	g= c c a d a c c a o o o o o o d a o o o o o o o o o o o
Former or usual residence	. w		
19 PLACE OF BURIAL	OR REMOVAL	DATE OF	BURIAL
mt his	on Eme	the sept	16 1930
20 UNDERTAKER		ADDRESS	7 /

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer re-tired 6 year. For persons who have no occupation Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING Housenwid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer out mine, eve. wounworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealto report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many single word or term on As examples: (a) PEATH

Strtement of Cause of Death—Name, first, the pre-EA. D. A. VEANG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) or as probably such, if impossible to determine definitely, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," | "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. (secondary Whooping use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train ecommendations on statement of cause of anus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi interstitial nephritis, cough; or intercurrent) for malignant neoplasms); Mcasles; Chronic Example: Measles (disease valvular heart disease, affection need etc. The contributory ," "Convulsions, death

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

MARG	WRITE NITH UNFA	N. B.—Every item of information should be CAUSE OF DEA
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1PLACE OF DEATH	01778 STATE OF MARYLAND CERT!FICATE OF DEATH
County Of Donal	Registration Dist. No.
Village or City Nov Sull (No	St.: Ward) (If death occurred in a hospitel or institu-
2FULL NAME Still Born	fames Tod tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIEO, WIDOWED, OR FORVORCED (Write the word)	16 DATE OF DEATH Jest 5 , 19280
6 DATE OF BIRTH   The state of	17 I HEREBY CERTIFY, That I attended the deceased from 1960 to 2 6 , 1920, that I last saw h 1970 cline on 1920.
7 AGE Still Born If LESS than I day hrs. mos. de. or min.?	and that death occurred on the date stated above, at
occupation (a) Trade, profession or particular kind of work	the early not have
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos / de.
9 BIRTHPLACE (State or country) Quar Still Pond ma	Contributory Secondary (Duration) yrs. mos. 255.
10 NAME OF Howard & Tord	(Signed) M. D.
OF FATHER (State or country) Still Road and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother and Chambers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Still Ronding	At place of deeth yrs mos ds. Stete yrs to see the see of deeth see the see the see of deeth see the s
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of deeth?
(Informant) Howard Ford	Former or usuel residence
(Address) Still four mid	Int Zion Cemelia Tiol 61921
Filed # 6 1925 of the Celouh	BRIF Illows Still Poud
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm loborer, Laborer-Coal mine, etc. wounden at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaul, Cook to report specifically the occupations of persons enwork, Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm loborer, Laborer -- Coul minc, etc. Wom-(b) Cotton mill; (a) Solesman. (b) Grocery; man, (b) Automobile foctory. The material without more precise specification as Doy Stationary fireman, etc. But in many For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marssmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be stated unless important. Example: Mcosles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; etc. The contributory

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-	OF DEATH		100	05672	STATE OF MARYLAND	
County /	ent Co.			1000	CERTIFICATE OF DEAT	H
				(400	Registration Dist. No.	7
Village or City	milling	ATM . (No			St.: Ward) (If death occi	urred
vinage or en	n A		4		St.: Ward) a hospital or tion, give lts N stead of strenumber.)	instit
2FU	LL NAME Clar	rense C	. Ho	untain.	stead of stre number.)	ret at
PERSON	NAL AND STATIST	ICAL PARTICU	LARS	MEDIC	AL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	SSINGLE,	0. 1-	16 DATE OF DEATH	May. 5, 18	50
mule	Colored.	OR DIVORCED (Write the word)	Jans.	Office	<b>5</b> /	30 Year
6 DATE OF BIR	TH LP O		man of the superior relationship the find the state of th		CERTIFY, That I attended the decease	
	Heb	: 1/,	1930		00 192 to May 1	, 192
	(Month	) (Day)	(Year)	that I last saw h	alive on May 4	1920
7 AGE		+ 1 - 1	If LESS than		rred on the date stated above, at 4.00	P.
	2	mas 17 de	day hrs.	The CAUSE OF DEA	TH " was as follows:	
OCCUPATION		, M100,	Ot	June	iem V muma	
(a) Trade, pr		- 77	me	0 n 4 n 0 0 0 4 n 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b) General n	ature of industry		6	*		1-
	stablishment in ed or (employer)				(Durstion)yrsrmos	
BIRTHPLACE				Contributory Secondary		
(State or co	untry) Kew	Cv.			(Duration) yrsnios	
10 NAME G	F DO	-1.	1	1/10	with Brue	
FATHER	,	Hour	tain	~ /	(Address) Mullingtin	-
OF FATH	- h	100				
W	the state of the s	N Cer.		Violent Causes, si Accidental, Sulcidal	Piscase Causing Death, or, in deaths tate (1) Means of Injury and (2) William or Homicidal.	hether
M 12 MAIDEN	/ .	e Bur	gett.		SIDENCE (For Hospitals, Institutions	, Trai
13 BIRTHPI		_	0			
OF MOTH	r country) due	en Chin		At place of death yis	nosds. Stateyrsmou	
4 THE ABOVE	IS TRUE TO THE BES	T OF MY KNOWLE	DGE	Where was disease confif not at place of dea	h?	•••••
	Roland	- From	tuni	Former or usual residence		
(Informant				19 PLACE OF BURIA	L OR REMOVAL DATE OF BU	RIAL
(Add	resa) Mil	lengton,	md.	millim	yten, mel. may 7,	19.3
Filed >	17 19270	hi Bus		20 UNDENTAKER	140. AS MADDREUS.	a\
l'iled.		Ilefal	Registrar	John M.	won on meling	m
	if more banks are	needed, pidres &	tate Registra	r, 16 W. Saratoga St.,	Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid forer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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X		PHYSI- Exact	
	ORD	N. B.—Every Item of Information should be carefully supplied. ACE enould be stated EXACTLY, PHYSI-CIANS should £1219 CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	ECC	ed EX	:
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R BI	A	that it	
MARGIN RESERVED FOR BINDING	HIS IS	ns so	
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	INLY,	forma cusa.	
	E A	ould s	1
	WRITE AINLY, WITH UNFADING INKTHIS IS A RMANENT ECORD	Every Item of Information should be carefully supplied. ACE chould be stated EXACT CIANS should £1219 CAUSE CF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	
No.1	1	CIA	
V & No. 1	1	N.	1

PLACE OF DEATH	STATE OF MARYLAND
County News	CERTIFICATE OF DEATH
man 1	Registration Dist. No. 204
Village or City Mille (No. 1 See Sen	St: Ward)  (If death occurred in a hospitul or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWCKED (Write the word)	16 DATE OF DEATH 1930, 1930 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h & alive on May 1, 1921.
7 AGE   If LESS than   I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession or Fausework  particular kind of work	Ohrone Myraitile
(b) General nature of industry business, or establishment in	(Duration) 5 vrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Mulled Willes Scales Set Secondary (Duration) Lyre, mos. ds.
10 NAME OF FATHER ORISAL FAUSABLE	(Signed) Sun W Juelt M. D. May 30 1920 (Address) Cheslulaux
OF FATHER  (State of country)  12 MAIDEN NAME  (State of country)	Ftate the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Flomicidal.
of MOTHER Unrilla Mallick	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Francients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) mo effect estimosa	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Wellelowa #7	Styl Tond Jane 1st, 1.35
Filed May 30 1920 2 hr Loweth Registras	71m of Good Ghuch Hill
If more b.anks are needed, addre. s .: tate Kegistran	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to e ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at bome, who are engaged in the duties of the For many occupations a single word or term on yrs). For persons who have no occupation But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meninatis"); Dinhiheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

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"E:haustion," "Heart failure," "Haemorrhage,"
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MARGIN RESERVED

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1	/	1	

PLACE OF DEATH

usiness, or establishment in

which employed or (employer)

BIRTHPLACE (State or country)

RENTS

PAI

FATHER II BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

(State or country) 12 MAIDEN NAME

#### 1085 STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No-

Village or	City Morlon 7	ud/[ino.	
	Y,	- 0 +0	el Lears
	2FULL NAME & 2	ace em	el Lears

Registra

If more b.anks are needed, address Ltate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(31)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

1	
1	MEDICAL CERTIFICATE OF DEATH
1	6 DATE OF DEATH Sept- 29 , 19330
	(Month) (Day) (Year).
	17 I HEREBY CERTIFY, That I attended the deceased fro
	8-1 1926. 10 9-30 193
t	hat I leat saw he alive on 9 - 30 , 125
a	nd that death occurred on the date stated above, at 930P
1	he CAUSE OF DEATH * was as Silows:
	1 we enloses
	, i
	(Duration) yrs. 6 mos
	Contributory 1-15
	Secondary
	10 A
	(Dation) yrs
	Signed) A Conclusion) yrs mos. M.
G	Signed) A Copelland M. 10-1 1926 Address Lakes lectors
G	Signed) A Conclusion) yrs nos M.
-	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	Signed)  *State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  B LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)  at place In the
1 40	Signed)  *State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  B LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)  at place In the
1 Ao Viti F	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailients or Recent Residents)  at place In the State yrs mos where was disease contracted,
1 Ao Vif Fu	*State the listase Causing Death, or, in deaths from Accidental, Suicidal or Homicidal.  B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trationals or Recent Residents)  to place for death yrs
1 Ao Wife Full	*State the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tratients or Recent Residents)  to place In the State yrs mos where was disease contracted, not at place of death?  Where was disease contracted, not at place of death?  PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

PERSO	NAL AND STATE	STICAL PARTIC	ULARS
SEX.	4 COLOR OR RA	MARRIED. WIDOWED. OR DIVORCE (Write the word	
DATE OF BIR	Sel.	2/-29 onth) (Day)	, 1898 (Year)
AGE	32 yrs. 0	d	If LESS than
occupation (a) Trade, pr particular kin		lowe H	

(Approved by U. S. Census and American Public Health Association.)

age. cupation is very important, so that the relative healthtired 6 yrsz. or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits ean be known. The ques-Statement of Oceupation-Precise statement of ocg: ged in domestie service for wages, as Screant, Cook, work, or At Home, and children, not gainfully employed as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business; that fact may be indicated thus; Farmer housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Architect, Locomolive engineer, Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation single word or term on

Streement of Cause of Death—Name, first, the DEBALL (") USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic gerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid Henry (never report "Typhoid Pneumonia, Bronehopneumonia ("Pneumonia,"

American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "E-haustion," "Heart failure," "Haemorrnage," "Shock," "Shock," "Debility" ("Congenital," approved by Committee on Nomenclature Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condig cough; Chronic interstitial nephritis, or intercurrent) "Heart failure, Example: Measles (disease "Senile," etc.), "Dropsy, failure," "IIaemorrhage," valırılar heart affection need not be etc. The contributory Meastes; discase; death

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.-Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly-classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD MANENT FOR BINDING NLY, WITH UNFADING INK---THIS IS A MARGIN RESERVED WRITE #

C. S. No. 1

PLACE OF DEATH	09360 STATE OF M	MARYLAND
County / luf	CERTIFICATE	OF DEATH
1 11	Registration D	Pist. No. 270
Village or City Orumpton	St.: Ward)	(If death occurred in a hospital or institu-
2FULL NAME James. N. G	land	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 STREET,	16 DATE OF DEATH	0,
M WHONES	(Month)	(Day) (Year)
6 DATE OF BIRTH	8 - I HEREBY CERTIFY, That I atte	- 24 Asset from
(Month) (Day) (Year)	that I last saw h 2 alive on 8 - 2	1050
7 AGE [If LESS than	and that death occured on the date stated	above, at 4 50 m.
45 yrs. 11 mos. 19 ds or min.	The CAUSE OF DEATH * was as follows:	d. a touch
8 OCCUPATION 1		7) 10-10-10-10
(a) Trade, profession or mull wreaff:		
(b) General nature of industry business, or establishment in		***************************************
which employed or (employer) bulding	(Duration)	yrs ds,
9 BIRTHPLACE (State or country) High Ala Itile.	Contributory Secondary	yrsds,
10 NAME OF		Ol M.D.
FATHER about Museur	8-2/ 12 (Address) Che	of looking
OF FATHER OP.		or, in deaths from
OF FATHER (State or country)	*State the Disease Causing Death, Violent Caus.s, state (1) Means of In Accidental, Suicidal or Homicidal.	jury and (2) whether
of MOTHER Olone Rover	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	
13 BIRTHPLACE DE	At place In the	
OF MOTHER (State or country)	of deathyrsds. State	yrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
(Informant) Sou	Former or usual residence.	
(into-mant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Commy Non	Lesumplon	Mg 23 , 1930
15 Filed ang 22 1980 Merrett Buce	20 DINDERTAKEN	ADDNESS
Softing Registrat	poorps extract	Samplan
If more banks are naeded, addross tate Registral	r, 16 W. Saratoga St., Belto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., without more record mine, etc. laborer. Furm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b the the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook, Housewaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseworked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Fealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremun, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation -- Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. to report specifically the occupations of Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) without more precise specification as Luy For persons who have no occupation (6) Automobile factory. The persons en-(horocory) material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); about pneumonia, Bronchopneumonia ("Pneumonia,");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary stated unless important. Whooping cough, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, mentetunus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. (secondary or intercurrent) affection need not approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart discuse; Always qualify all Measles; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
2FULL NAME Aurie Corrie	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 29, 198 0 (Month) (Day). (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Catheral of If LESS than I day hrs. or min.?	
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Syrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Raced,	Contributory Secondary  (Durstion) yrs
FATHER CLARGE TO THE STATE OF T	(Signed) M. D. (Address) (Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CLIQUE TO 13 BIRTHPLACE	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathmosds. In the Statemosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
Cheron Town Me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BONGLE LINE DEC. 31, 1930
15 Filed Dec 29 1930 DV J Hecks	asbury Henry Chesterlan
lf more blanks are needed, addre.a Ltate Kegistra	r, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enr," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) telands) may be stated under the head of "contributory." corbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injuny Examples: Accidental drowning; Struck by rollway train-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the Chronic valvular heart discose; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is epsential and must be obtained before the certificate is a permanently filed.

9. S. No. 1

2

PLACE OF DEATH	6549 STATE OF MARYLAND
10/- 1-	CERTIFICATE OF DEATH
County Clery	(3)
RADIO VIA 11	Registration Dist. No.
Village or City Mar Horlon Ma	St.: Ward) (If death occurred in
Village of City 4 th 2011	a hospital or institution, give Its NAME in-
2 FULL NAME Ay Day Blillamis	stend of street and number.)
2FULL NAME / COMMON	X 900000
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male WIDOWED. Wight	900 V , 1930
(Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	
(100) (0) 1030	
(Month) (Day) (Year)	that I last saw ham affer oh 1925
7 AGE 10 200 III LESS than	and that death occured on the date stated above, at
till from I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
& OCCUPATION	Will Bom'
(a) I rade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs. m s de.
which employed or (employer)	100 h
9 BIRTHPLACE	Contributory VMA
(State or country) lear Novon hid	(Duration) yra, mosds.
I 10 NAME OF	16 1 Amile NO.
FATHER / COLLON CON A DO SING MARCHA	(Signed)
0 11 BIRTHPLACE	Jan 6 1923 O(Address) Still Form
C (State or country)	*State the Disrase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
W	Accidental, Suicidal or Homicidal.
of MOTHER RAY OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Rayman J. J. Young	ueusl residence
(Informant)	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) was Morton ma	Le Cernetone Jan 7, 1930
De a a Unifol la	20 UNDERTAKER A A ADDRESS
15 Filed you 6 1931 KINCLOUPS	BIRU - allows lite al Fond
Registra	
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.

fulness of various pursuits can be known. The queswork, er," etc., Spinner, should be used only when needed. As examples: (1) additional line is provided for the latter statement: it the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, et .. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of ocwhatever, write None. Howsemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in incustrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman. At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal mine, ctc. (4) Gracery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup", Typhoid fewer (never report "Typhoid Pneumonia".

"('Exhaustion,')" "('Heart Imme, ')" "Old Age, ')" "Shock,'"
"('Inanition,')" "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICITAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always quality all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Caronoma, Sarcoma, approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sersis, accident; Revolver wound of head-homicide; Poisoned by taken. (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; or intercurrent) Committee on Chronic ," "Coma," "Convulsions, etc. affection need valvular heart Nomenclature of the The contributory Measles; disease; not be as

If this derificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. 2. the data is, exential and must be obtained before the certificate is permanently filed.

PHYSI-

	PLACE County 1	OF DEATH		1.000.000.000.000.000.000.000		
	Village or City Nock Hall (No					
_	2FULL NAME COUNCE TRUM					
-	PERSONAL AND STATISTICAL PARTICULARS					
3 5	emale	Golden		MARRIE WIDOW OR DIVE (Write th	ED. Ma	mud "
	6 DATE OF BIRTH AND AD 1880 (Month) (Day) (Year)					
7 A	7 AGE  16 LESS than a l day hrs. 3 mos. 27 ds. or min.?					
X <sub>0</sub>	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)					
9 E	(State or cou	Mar	rylo	md		
	10 NAME OF	ent P	New	iti.		(S
ENTS	OF FATHI (State or	ER	ma			7
PARE	of MOTHER Julia anne While			مار آه		
	13 BIRTHPL OF MOTH (State or	ER	7	a		A of W
14	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
	(Informant)	1	1. 10	een'	ptorios, s	us 1S
pri see	(Addr	csal (900	N U	Yall		

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institu-tion, give Its NAME is

NAME Jayra grun	stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Well 1930 (Month) (Day) (Year)
March 20 , 1880 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I stended the deceased from 1930. to 1984.
0 yrs. 3 mos. 27 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
asion or House work re of industry blishment in or (employer)	(Duration) yrs. mos. ds.  Contributory (Contributory Secondary Secondary (Duration) yrs. mos. ds.
white me	(Stated) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Acodental, Suicidal or Homicidal.
TRUE TO THE BEST OF MY KNOWLEDGE	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, if not at place of dea h?
Arch Hall.  7 1931 B. Lundmeding Registral	Former or usual residence
If more banks are needed, addre.s Ltate hegistras	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

No.

(Approved by U. S. Census and American Fublic Health Association.)

ployed, as At school, or At home. Care should be taken tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and ehildren, not gainfully emdefinite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Doy (b) Automobile foctory. The material (a) the kind of work and also (b) the Salesman, Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "(E:haustion," "Heart failure," "Inamition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," st\_ted unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Corcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railwoy troindiseases Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.Y resulting from childbirth or miscarriage as Chronic etc. The contributory affection need volvulor heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County / County	. 6	STATE OF MARYLAN CERTIFICATE OF DEA
	7	(89)	Registration Dist. No.
Vil	Property Clarkon (No	. Q	St.: Ward) (If deeth a hospitul tion, give its
-	PERSONAL AND STATISTICAL PARTICULARS	Vreme	number.)
3 5	Lale While OR DIVORCED (Write the word)		March 13
6 D	CATE OF BIRTH  A Month (Day) (Year)	3 No Had	Y CERTIFY, That I attended the decical attendance
7 A	J J yrs. mos. ds or min	and the CAUSE OF DEA	TH a was as follows:
bi w	b) General nature of industry Har Rost (8 visiness, or establishment in which employed or (employer) Most, Calarer (State or eountry) Mary Cand	Secondary	Duration) yes me
PARENTS	10 NAME OF FATHER as . Will Greenwood:  11 BIRTHPLACE OF FATHER (State or country) Mary Land.  12 MAIDEN NAME OF MOTHER Supace R. Hopkins  13 BIRTHPLACE OF MOTHER (State or country) Mary Land.	Accidental, Suicidal  Accidental, Suicidal  18 LENGTH OF R  ients or Recent R  At place of death yrs	esidents)  In the State
14 7	(Informant Clice Wilner (Sister)  (Addres Better tone, Maryland.	Where was disease one if not at place of deep former or usual readence	L OR REMOVAL DATE OF B

16

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager." "Dealtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, worked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-," etc., without more precise specification as Day Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmun. For persons who have no occupation (b) Automobile factory. The material person, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid forer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinona, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid "(Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL seplicaemia," "PUERPERAL peritonilis, "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, mendiseases can be ascertained as the cause. Always qualify all totanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic etc. The contributory valvulor heart Nomenclature discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A 4the data is essential and must be obtained before the cartificate is permanently filed.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MANENT MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK--THIS IS A WRITE

	PLACE OF DEATH	STATE OF MARYLAND
cate	County Leut	Old CERTIFICATE OF DEATH
	7. 2014	Registration Dist. No. 204
	Village or City Jolchester (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Sueall While (Write the word)	16 DATE OF DEATH REVIEW Jth, 180  (Month) (Day) (Year)
ons on b	6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on 198
nstructio	7 AGE    If LESS than   I day hrs.   or min.	and that death occurred on the date stated above, at
See in	(a) Trade, profession or particular kind of work	Wrone Digocardeter
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Tyrs-mos de
lmpo	9 BIRTHPLACE (State or country) Margland	Contributory Secondary (Duration) yre mge de
very	10 NAME OF TATHER Thomas Clark	(Signed) Just (Address) Clesters M. D
ION IS	Il BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
IPAT	OF MOTHER WW Plauchamp	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
9	OF MOTHER (State of Country) / Mary Land	At place of death
	14 THE ABOVE IS THUS TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
statement	(Informant) Filter (Informant) Files (Address) J. East 14 th. This Del	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  19 DATE OF BURIAL  19 DATE OF BURIAL
St	Filed Sell- 9 1921 To Juill Registrar	Chas I would Churchy
	of more blanks are needed, address State Registral	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Physician, Compositor, Architect, Locomolive engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enmer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Pork Hall	St.: Ward)  Start OF MARYLAND CERTIFICATE OF DEATH Registration Disk No. 208  St.: Ward)  St.: Ward)  St.: Ward)  St.: Ward)  St.: Ward)  St.: Ward)
2FULL NAME SUCCOMN	Stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M, Blk SINGLE, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3, 1920
March 3, 1980 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
Still Bory,   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Dustion) vis. 1908. de.
FATHER Merrill Gross	(Signed ) CULLY M. D.
OF FATHER  (State or country)  12 Maiden Name	*State the Liscase Causing Youth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ardena Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or country)	At place of death yrs. mos. ds. In the State yrs. thos. ds.
(Informant) Rachel Rychester	if not at place of dea.h?  Former or usual residence
(Address) Rock Hall	Sharpbown Marc 3. 1984
Filed 1980 19 MW Shwaining Registrar	Merril Gross Father Rock Hall.  16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, cupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, loborer, " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Colton mill; (a) Salesmon. (b) Automobile factory. The material Architect, -Coul minc, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishitheria avoid use of "Croup—1; Typhoia fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia");

> eausing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mousles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from ehildbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained American Medical Association.) approved by Committee on Nomenclature of the perilonaeum, ete., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-. (nume origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (seeondary) or intercurrent) affection need as the cause. Always qualify all Chronic valvular heart diseuse; etc. The contributory not be ete., of death

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V. S. No. 1

N. B.-

	PLACE OF DEATH	04424 STATE OF MARYLAND
	County USA	CERTIFICATE OF DEATH
	0.0	Registration Dist. No. 2-61
	Village or City Waw W(No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Holden Stanle	A nospital of institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH  Lee G, 1924  (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1900 to 1900 to 1900 that I last saw h Malive on 1920
	7 AGE  9 yrs. 2 ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  Colemans Kelufc	(Duration) yrs mos ds.  Contributory Secondary  (Duration) yrs mos ds.  (Signal) (Duration) yrs mos ds.  (Signal) (Address) (Duration) yrs mos ds.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
	(Informant) Stolden Gus (Address) Colemans and Filed My 1 1930 McClark Registrar	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Colemans Cem May 2, 1939  20 UNDERTAKER ADDRESS  BR + Ellows Lill Pond  16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as laborer, Farm laborer, Loborer—Cool mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enworked on may form part of the second statement Foreman, For many occupations a single word or term on 01: (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully em-Stotionary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse, stated unless important. Chronic interstitiol nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; approved (Recommendations on statement of cause of Letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e. g., scpsis, Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic Example: Measles (disease " "Coma," "Convulsions, affection need not be ctc. The contributory valvular heart "Dropsy, disease;

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MAI	ay i
WRITE AINLY, WITH UNFADING INKTHIS IS A L. MAI	Every Item of information should be carefully supplied. ACE should CIANS should state CAUSE OF DEATH in plain terms so that it may instanement of OCCUPATION is very important. See instructions on bac
	E s at I
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PLACE OF DEATH	STATE OF MARYLAND
County Hent	CERTIFICATE OF DEATH
	Registration Dist. No. 263
Village or City Rock Hall (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Martha & Har	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jungle 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, VILLOWED (Write the word)	16 DATE OF DEATH  NOW 2/34, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  Was 9" 1846	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her aliver on Dec 2 1 192
7 AGE /  If LESS than	and that death occurred on the date stated above, at
8 of yrs. 7 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Mal Heart fromthe +
(b) General nature of industry	skeed distributed
business, or establishment in which employed or (employer)	(Durstion) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Warm. Md.	Contributory Secondery  (Durstion)
10 NAME OF HEO. L. Maslin.	(Signed) M. D.  Mer 2 2 20 O(Address) Orfa face
11 BIRTHPLACE OF FATHER (State or country)  W- Va	*State the Disease Causing Dead, or, la deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jame Colossor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State of Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Sarah a. Maslin	Former or usual residence
(Address) Rock Hall Md	Wesley blokel Kentlo Md. Wes 23", 1930
15 Filed 12/22 180 B. Lun Ounding Registrar	Ches L Woodd Chestertown
If more bianks are needed, addresa State Registra	r, 16 W. Seratoga St., Baito., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disto time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia") pncumonia, Bronchopneumonia ("Pneumonia,

data is essential and must be obtained before the certificate is

permanently filed.

answered in detail, it will prevent further correspondence.

If this certificate is looked over thoroughly and all questions

American Medical Association.) approved by Committee on Nomenclature inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease etc. The contributory valvular heart

PHYSI-STATE OF MARYLAND CERTIFICATE OF DEATH sted EXACTLY, Phopositied. Registration Dist No. 2 1 (If death occurred in Ward) a hospit d or institu-tion, give its NAME i. stend of street and number.) certif PERSONAL AND STATISTICAL PARTICULARS stat proj of c MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED may be WIDOWED OR DIVORCED (Write the word) pino (Month) 17 I HEREBY CERTIFY, That I attended the degeased from 6 DATE OF BIRTH 四古 uction that I last saw h Am alive on (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at J pplied I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? RESERV (a) Trade, profession or particular kind of work fuily (b) General nature of industry a business, or establishment in (Duration) which employed or (employer) Contributory MARGIN BIRTHPLACE (State or country DA BB 00 10 NAME OF ls. Shol (0) FNTS \*State the Disease Causing Death, or, in (n) 75 uo Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country 0 0. O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA On ients or Recent Residents) id stat 13 BIRTHPLACE In the At place State. ....yrs......ds.....ds. of death (State or country Where was disease contracted, houl 14 THE ABOVE IS if not at place of dea.h? 00 Every Item CIANS shot statement of Former or usual residence DATE OF BURIAL OF BURIAL OR REMOVAL Filed // If more branks are needed, address trate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Furm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," ctc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Plonler, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

spinal meningitis"); Diphtheria avoid use of "Crou Typhoid fever never report "Typhoid Pneumonia");
Lobar pneumonia, Branchopneumonia "" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebipspinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine dofinitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Meusles; (Recommendations on statement of cause of taken. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) "Marasmus," "Old Age," "Shock," Chronic affection need etc. valvular heart Nomenclature of the The contributory Always qualify all discase; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate If this certificate is looked over thoroughly and all questions

permanently filed.

2

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. (If death occurred in St.: Ward) d EXAC a hospit I or institution, give its NAME a. - stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Q of 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH WIDOWED OR DIVORCED (Write the word) may n bac (Month) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from ction (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated shove, at +day hrs. The CAUSE OF DEATH \* was as follows: mos. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 0 Contributory mp 9 BIRTHPLACE DA Di OO 10 NAME OF 0 ENTS SO \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 20 0. PA 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transstate coup, ients or Recent Residents) occui 13 BIRTHPLACE At place of death OF MOTHER Where was disease contracted. ehoul of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h? Every item CIANS eho statement usual residence OF BURIAL OR REMOVAL DATE OF BURIAL If more branks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

BINDING

ESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in demo-tic service for wages, as Serum, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report ployed, as At school, or At home. Care should be taken household only (not paid Hausekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, nner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on is very important, so that the relative health-Compositor, specifically the occupations of persons en-Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

approved by Committee on stated unless important. Example: Measles (disease (Recommendations on statement of cause of "PUERPERAL septicaemia," "PUERPERAL peritonilis. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, betautus) may be stated under the head of "contributory." carbolic acid - probably smoide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uruemia," "Weakness," etc., when a definite disease causing (secondary Whooping cough; and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopncumonia (secondary), interstitial nephritis, (nume origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic valrular heart disease; etc. The contributory Nomenclature of the not be etc., of

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING	OR BINDING
WRITE INLY, WITH UNFADING INK-THIS IS A I, MANENT CORD	A H MANENT CORD
CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	that it may be properly classified. Exact tions on back of certificate.

PLACE OF DEATH	12527 STATE OF MARYLAND
County & New Y	CERTIFICATE OF DEATH
	Registration Dist. No. 203
(W-In Male	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred in hospital or institu-
I ARI	1 Tastead of street and
2FULL NAME OF GO OF	Mal Soy Hazellow number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED, WIDOWED.	Cot. 20 1930
male Col (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH May 10-1930	17 I HEREBY CERTIFY, That I attanded the deceased from
take 1 18 19.3.	1925 to O 27, 28 , 192
(Month) (Day) (Year)	that I last saw has alive on Co cof 2-5 , 1923
7 AGE [If LESS than	and that death occurred on the data stated above, at
1 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. o mos. ds. or min.	
a) Trade, profession or	at Anayeston
particular kind of work	De Heart houble
(b) General nature of industry	7
business, or establishment in which employed or (employer)	(Duration) yes, mos de
9 BIRTHPLACE	Contributory Secondary
(State or country)	A TOurgion yrs inos ds.
10 NAME OF 1	M. () Selection
FATHER Clifton Hazel	(Signed)
M 11 BIRTHPLACE	192 (Address)
Constant Con	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Sortiet Illianie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In tha
(State or country)	of deathmosds. Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Tt-01	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Worlds Hall	80 II med 10/5,9 ,30
	20 UNDERTAKER ADDRESS
15 Filed 10/28 1930 B. Trew Dudue	001+ 11.0(2-11.) 12 014.00
Registra	Clifton Hael Telle Providing V S No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm (augres, Laws).

en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en-Foreman, or At Hame, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Catton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Autamobile factory. The material (b)

Strtement of Cause of Death—Name, first, the DISEAN CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

paperoved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis af lungs, men-American Medical Association.) Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, (secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, eg cough; Chronic interstitial nephritis, Chronic valvular heart disease etc. The contributory

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#### STATE OF MARYLAND

CER	TIFICATI	E OI	F D	EATH
	Registration	Dist.	No.	202

10 1	11 0
Village or City Questertoug (No.	High
2 FULL NAME & STA	Holden
2FULL NAME W	STOUSON.

Village or City Chestertous No. 40	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Marked, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  A S (Month) (Day) (Year)	that I last saw h leive on for some some saw h leive on for some saw h leive s
7 AGE   If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	mudo corbles
business, or establishment in which employed or (employer)	(Duration) vi mos de.
9 BIRTHPLACE (State of country) Md	Contributory Atolle With Secondary Cart Secondary Cart Secondary S
10 NAME OF Samuel Newomb	(Signed) Jacob J. M. D.  (CX 13 193 D(Address) DA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OF FATHER (State or country)  12 MAIDEN NAMES  12 MAIDEN NAMES	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chizatethi QUETT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Charles form	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL COD 13 1, 1932
Filed Och & 1988 OUT Alicks Registrar	has Londa Lyrske form
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Belto., Requesting V. 6. No. 1. Mod

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BINDING MARGIN RESERVED FOR AINLY, WITH UNFADING INK--THIS IS

CORD

MANENT

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmov (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a horer, Farm laborer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. Wom-6 Grocery;

spinal meningitis"); Dipluheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospiew EASE CAUSING DEATH (the primary affection withrespect Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept: pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory." (secondary Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, ., (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic etc. The contributory valvular heart disease;

permanently filed. II this certificate is looked over thoroughly and all questions data is essential and must be obtained before the certificate in answered in detail, it will prevent further correspondence.

	PLACE OF DEATH	STATE OF MARYLAND
1	County Dint	CERTIFICATE OF DEATH
	near agent	Registration Dist. No. 252
	Village or City Village or City No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME banes of Home	tion, give its NAME in- stead of street and
	2FOLL NAME DOTTED () ONCE	number.)
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIE MANUAL	16 DATE OF DEATH (Thul) 7
	Male (Col   WIDOWED. OR DIVORCED (Write the word)	(250-4)
	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	Untersoure, 1876	3-/30 192 . 10 4->- 3 3,192
	(Month) (Day) (Year)	that I last saw has alive on 4 - 2 68, 192,
	7 AGE	and that death occurred on the date stated above, at
	By yrs. wos. ds. or min.?	The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession or	Organic heart brouble
	particular kind of work	
	(b) General nature of industry business, or establishment in	(Duration) Jyrs mos ds.
9	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country)	Secondary Duration via mes de.
	1D NAME OF FATHER	(Signed) Hobbelong M. D.
	fames of otomely	24 - 8 1960 (Address Chestertown
	OF FATHER (State or country)	
	E 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	a warrey college	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER MILE	At place In the of death yrs mos ds. State yrs mos ds.
	(State or Country)	Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Islu Harrily	usual residence
	(Address) Squaterlows Ma	Pomona Ma april 9 710 Re
	15 Filed april 8 1920 DT. Hicks	20 UN DERTAKER 1 DDRESS
	Registrar	00 V forests freeliter
	if more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. Wo. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular hcart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD MARGIN RESERVED FOR BINDING

H UNFADING INK-THIS IS A I MANENT INLY, WITH UNFADING INK--THIS IS A F WRITE

County Add	05675 STATE OF MARYLAND CERTIFICATE OF DEATH
Sand totte	Registration Dist. No. 204
Village or City Muno.	St.: Ward)  (If death occurred is a hospital or Institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEOL (Write the word)	dawed (Month) (Day) (Year)
6 DATE OF BIRTH Sept - 13	1890 that I last/saw h alive on May 1, 1921
7 AGE SINGLE SIN	LESS than and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry	Allebras Guisglusse
business, or establishment in which employed or (employer)	(Duration) yrs. pnos.
O BIRTHRI ACE	Contributory Whomeffle parkets
9 BIRTHPLACE (State or country) 10 NAME OF FATHER  10 NAME OF FATHER	Secondary (Durstion) yrs mos d
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  When the state of country that the state of country the state of country that the state of country that the state of	Secondary (Durstion) yrs mos d
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Add
(State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  MALL  (State or Country)  MALL  (State or Country)  MALL  (State or Country)  (State or Country)  (State or Country)	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Beath, or, in deaths from of Injury and (2) Whether ceidental, Suicidal or Homicidal.  (B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yes mos ds.  (B the State yes mos ds.  (Compared to the state of th
(State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Secondary  (Durstion)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (A
(State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	Secondary  (Durstion)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (A

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. busines, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Househeepers who receive a definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil ongineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The inaterial For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Salesman. Locomolive engineer, 6) Grocery,

Streement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic ecrebrost inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never-report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from ehildbirth or misearriage can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal eondi-tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MANENT FOR BINDING INLY, WITH UNFADING INK--THIS IS A F MARGIN RESERVED WRITE V. S. No. 1

	Humes
1PLACE OF DEATH	(\$674 STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
	Registration Dist. No. 202
Village or City Tynch Who.  2FULL NAME Liza 10 Legs	St.: Ward)  (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, OR DIVERCED (Write the word)	le DATE OF DEATH May 4, 1923 D  (Month) (Day) (Year)
6 DATE OF BIRTH	6 4 The HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Ye	that I last saw h Lalive on Way 7 , 1927 4,
7 AGE	
66 yrs. 3 mos. 0 ds. or r	
OCCUPATION //	- Karcinova of aleros
(a) Trade, profession or particular kind of work	and affectings
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) / Tre
10 NAME OF William Hopby	(Signed) Wark & Times M. D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Phome Roselis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informan transh Hepleron	Former or usual residence
(Address) Lynch Wed	Still tond Com Depray 7 19 30
15 Filed May 6 4980 EN V Hick	Kes 20 UNDERTAKER TOLLOWS STILL ONS
If more bianks are needed, address State Reg	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—coat mine, etc. women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material For persons who have no occupation 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemiu," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinomo, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association,) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart discase; Example: Measles (disease etc. The contributory

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PLACE OF DEATH	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
1.4	Registration Dist. No. 202
Village or City Ruch Hall(No.	St.: Ward) (If death occurred a hospital or institution
2 FULL NAME not nowed.	tion, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIDO, WIDOWED.	16 DATE OF DEATH 7 18 , 1938
M W OR DIVORCED (Write the word)	(Month) (Day) (Yeer)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
(Month) (Day) (Year)	that I last saw hanalive on 192
7 AGE [If LESS than	and that death occured on the date stated above, at
I dayhrs.	
yrs. mos. ds. or min.?	general weakness
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
particular kind of work Medu	
particular kind of work	(Duration) yrs make
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Bosse wese work
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Bu linea en oute
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Bosse wese work
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Fewl Bo Mao	Contributory Some West Report Secondary  (Duration) yrs mos  (Signed) Polytefany M.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Heurs  Hadden  (1) BIRTHPLACE	Contributory Born West Lorok Secondary  (Signed) P Collefone M.  7-1980 (Address) Brestonton
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  Country  Sollman  (State or country)	Contributory Some West Reveal Secondary  (Signed) Contributory Some Secondary M.  (Signed) Means of Injury and (2) whether
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN N	(Signed)  State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF MOTHERS LEMING Paraotte	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Caus, s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  22 WILLIAM  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 CORNALLIA  15 CORNALLIA  16 CORNALLIA  17 CORNALLIA  18 CO	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents)  At place
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHERS  13 BIRTHPLACE  13 BIRTHPLACE	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homiedal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailents or Recent Residents)  At place In the State. y/s
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  (Signe
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homiedal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailents or Recent Residents)  At place In the State
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 MOTHER (State or country)  17 MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)  19 MOTHER (State or country)	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Caus, s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traints or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not et place of death?  Former or
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents)  At place of death yrs mos ds. State yrs mos State yrs mos Date of death?  Former or usual residence.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Info mant)  (Address)  14 Address)  15 Address  16 Address  17 Address  18 Address  19 Address  10 Address  11 Address  12 MAIDEN  13 Address  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Info mant)  (Address)  15 Address  16 Address  17 Address  18 Address  18 Address  18 Address	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homiddal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not et place of death?  Former or usual residence.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Info mant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Caus, s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainients or Recent Reaidents)  At place of death yrs mos. ds. State yrs mos.  Where was disease contracted, if not et place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Wesley Chapel Cew. 7/20, 19 3

(Approved by U. S. Census and American Public Health Association.)

laborer Farm laborer, Laborer—Coal mine, etc should be used only when needed. As examples a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serunt, Cook, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. Foreman, to know (a) the kind of work and also (b) the engineer, Stationary fremon, etc. But in many For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day who are engaged in the duties of the

Existement of Cause of Death—Name, first, the DISLEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Eiphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atie), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, can be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of death .... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valender heart Example: Measles (disease etc. The contributory affection Always qualify all need disease not etc., of

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1PLACE OF DEATH	09361 STATE OF MARYLAND
County Stery	CERTIFICATE OF DEATH
1. 14	Registration Dist. No.
Village or City DCMS AND No.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Oug 6, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from 1920 to 1920, 1920,
(Month) (Day) (Year)	-
about 56 yrs. mos. ds. or min	8. The CAUSE OF DEATH YES as follows
8 OCCUPATION (a) Trade, profession or particular kind of work	Perfuation.
(b) General nature of industry business, or establishment in	(P)
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory 4710 would not
10 NAME OF FATHER MINISTER ALL	(Signed) (Durstion) yrs J race ds.
() 11 BIRTHPLACE	San gen 1923 (Address) Kesseldyerlle
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the instance Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER College Kochester	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Tronie Hodges!	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Focus - From his	Davis Hill md. aug 9. 1930
15 File Cley 9 1936 IV Colock Registrar	20 UN DERTAKER Still fordyd
if more blanks are needed, addre.s Ltate Registr	ear, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 'yrs)definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation, at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on of Occupation-Precise statement of oc-For persons who have no occupation Stationary fireman, etc. But in Locomotive engineer,

Statement of Cause of Death—Name, first, the DISCEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal eferce (the only definite synonlym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Broadhopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"Ethaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic " "Old Age, " "Shock," etc. valvular heart disease, The contributory Mcasles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	19362 STATE OF MARYLAND
County Herrit	CERTIFICATE OF DEATH
The second secon	740
0 1 1 1 1	Registration Dist. No. 202
Village or City left left (No.	St.: Ward) (If death occurred in
DX Y	a hospital or institu-
2FULL NAME Belle Stob	stead of street and number.)
fry for	the state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, Murried WIDOWED.	16 DATE OF DEATH UN9 1H" 1930
Hemal Hate OR DIVORCED (Write the word)	(Jonth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 1859	8-17 180 to 8-14 , 1988,
(Month) (Day) (Year)	that I last saw h 4 alive on 8 4 14 1922,
7 AGE     IlfLESS than	cale
I dayhrs.	and that death occurred on the date stated above, at
of byrs. mos. ds. or min.?	Oliphales .
BOCCUPATION	
(a) Trade, profession or	
particular kind of work  (b) General nature of industry	
business, or establishment in	(Duration) yrs mos ds
which employed or (employer)	1516 D-
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) yrs mos ds.
10 NAME OF O. O. O. C. I	(Signed) Hoboholowa M. D.
FATHER Phiel Wooley	8 75 2h Ph to down
OF FATHER MA	. O. T. D. (Address) (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
M. 12 MAIDEN NAME	
of MOTHER centure	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
(State or Country)	of deathyrsmosds. Stateyrsmosds.
	Where was disease contracted, if not at place of dea.h?
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) las Hobsuns	usual res.dence
of the true med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) O. MERJETTOWN MA	la Wester Your Gug 1 1. 19
15 C 11 22 7007 11 16.	20/UNBERTAKER O M DORESS
Filedling 16 > 1980 Of J Whicks	Valuati I Wood de Vatistastano
<i>y</i> •	18 NY Survey St. Falto Proposition V S. Lo. 1
If more banks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Baito., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopseumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of (secondary Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid or intercurrent) affection need cough; Committee on Nomenclature of the Chronic etc. valvular heart disease; The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Na. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in dome-tic service for wages, as Serrant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the laborer, Furm laborer, Laborer-Coal mine, etc. er," etc., Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Spinner, (b) Collon mill; (a) Salesman, (b) Greecery, (a) Foreman, (b) Automobile factory. The materia nature of the business or industry, and therefore an sary to know Civil engineer, Physician, Compositor, Architect, tion applies to each and every Statement of Occupation - Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on 118). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. a) the kind of work and also (b) the person, irrespective of Lacomotive But in many (b) Grocery; engineer, Wom-

Statement of Cause of Death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrophile fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Branchopneumonia ("Pneumonia";

BURRAU

"(Exhaustion," "Heart tanue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcusles; "Debility" ("Congenital," Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., \*\*epsis, totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as 'Congenital,' "Senile,' etc.), "Dropsy,",
" "Heart failure," "Haemorrhage," Chronic etc. The contributory affection need valendar heart Nomenclature disease; death

answhed in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	/	PHYSI-
	CORD	N. BEvery Item of information should be carefully supplied. ACE strouid be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
DING	MANENT	and the state
MARGIN RESERVED FOR BINDING	WRITE INLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	d. ACE sire s so that it n tructions on
ESERVED	INKTHI	fully supplied plain terms
AARGIN R	UNFADINC	uld be carei F DEATH in very imports
~	Y, WITH	mation sho CAUSE C
	E LINI	n of mforr lould state
0, 1	WRIT	Every Iten CIANS sh statement
V. S. V.	)	m Z

PLACE OF DEATH  County / Litt	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200
Village or City (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORCEDED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  (192 to Claudout 192 that I last saw h alive on 192 the 192 th
7 AGE    If LESS that   I day hree   I day h	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Bridge Constructs (b) General nature of industry business, or establishment in	Juried Coccidental, mavoid Leath - Driving automobile Leath - Driving automobile
9 BIRTHPLACE (State or country) / irquica	Contributory P. T. Training Streech Streech Contributory P. T. Training Care death do. mos. do.
10 NAME OF Chase H. Hughes	(Signed) Larry L. Dadd, Car. M. D.
OF FATHER Z (State or country) erquical 12 MAIDEN NAME	*State the Ilistase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mailie ash	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) / rquice	of death
(Informant) Dicheps, Michaelake	if not at place of dea.h?  Former or  Usual residence
(Address) Richmond, Va	: Richmond Mor 9: 1930.
Filed Mm 7 198 July Registrar	Chas L. Dodd le hister town
If more branks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Grocery,

Strtement of Cause of Death—Name, first, the DISEA II. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) approved tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on " "Weakness," etc., when a definite disease Example: Measles (disease Nomenclature

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PLACE OF DEATH  County Hent  Or hear Green  Village or City Mar Hamsvilla	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20 2  St.: Ward) (If death occurred in hospital or institu-
2FULL NAME Noah Henan &	fund, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Madruer.  Male White Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw halive on
7 1 yrs. 9 mos. // ds. or min.?	and that death occurred on the date stated above, at 130 fe.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Furmer & Fishing	Shot-gun would
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Many Land	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF Noah Hurd.	(Signed Dary Z. Dars, Car., M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jane Merkens	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
(Informant) Chas & Hurd	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Worton md	20, UN DERTAKER O Norton Mer 30" 1934
Filed Dec 30 1930 IV Accept	Chas. L. Blodd Bhestertown
16 mans branks are needed address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., Spinner, (b) Colton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

spinal meningitis"); Diphtheria (avoid use of "Croup"); fover (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disto time and causation), using always the same accept Typhoid fever (never report "Typhoid Pneumonia"); pneumoma, Bronchopneumonia

6

permanently filed.

Bush

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

Las fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Jetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease (secondary It this certificate is looked over thoroughly and a'l questione "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection etc. The contributory valvular heart need not discase;

V. S. No. 1

N. B.

PLACE OF DEATH  County Kent.	. 09363 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Massey. (No	St.: Ward)  Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. White Stricted, Wichmed.  Male. White (Write the word)	16 DATE OF DEATH Que, 5, 1930 (Mortu) (Day) (Year)
6 DATE OF BIRTH  GMonth)  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19236. to
7 AGE III LESS than	0 245 P
79 0 1 day hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of induatry	Chroni Inhishlis hefisch
business, or establishment in which employed or (employer)	(Duration) for the mos de.
9 BIRTHPLACE (State or country) Massey. Md	Contributory Secondary  (Duration)  yrs
FATHER Samuel Hurlock.	(Signed) M. D.  (Signed) M. D.  (Signed) M. D.  (Au ) 192) (Address) M. Clean framework (M. D.
OF FATHER (State or country)  12 MAIDEN NAME  M  12 MAIDEN NAME  M  M  M  M  M  M  M  M  M  M  M  M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Money.  13 BIRTHPLACE OF MOTHER (State or country)	At place of death or mos. ds.  Note that the contracted of the con
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (LES STRUCTURE)	Where was discusse contracted, if not at place of death?  Former or usual residence
(Addreas) Massey Med.	massey md. aug. 8, 1930
Filed S/ 1 1920 Reflet Racistras	John A. Tobis & Sen Millington My
If more blanks are needed, addre-s Lynte Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise agreement, taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEA. E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly (secondary Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature " "Marasmus, " "Old Age, or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory " Shock,"

ACTLY, PHYSI-lassified. Exact MARGIN RESERVED FOR BINDING
I UNFADING INK-THIS IS A MANENT INLY, WITH UNFADING INK-THIS IS A P.

V. S. No. 1

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	Y	CIANS should state CAUSE OF DEATH In plain terms so that it may be properly cl	statement of OCCUPATION is very Important. See instructions on back of certifical	
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	N. BEvery item of Information should be carefully supplied. ACE should be stated EXA			
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1PLACE OF DEATH	13897	STATE OF M	IARYLAND
County Keest	90	CERTIFICATE	OF DEATH
		Registration D	ist. No. 203
Village or City Rook Hall (No. No.	N Had	St.: Ward)	(If death occurred is a hospital or institu- tion, give its NAME in
2FULL NAME . / Hartha Hay-	nen	***************************************	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED PROJECT (Write the word)	16 DATE OF DEATH	Month)	8 , 1983 (Day) (Year)
Sept. Einhugen	MN.7	CERTIFY, That I alto	nded the deceased from
(Month) (Day) (Year)	that I last saw h	alive en	11/1/
7 AGE II LESS than I dayhrs.	The CAUSE OF DEA	rred on the date stated: TH * was as follows:	above, at
yrs. mos. ds. or min.?			
(a) Trade, profession or particular kind of work	IM,	vanues.	Ourse
(b) General nature of industry	·····		/
business, or establishment in which employed or (employer)		(Duration)	yrsde
BIRTHPLACE (State or country) Receland	Contributory Secondary	(Durstion)	Tre /mos / de
10 NAME OF Rellian Brown	(Signed) Trace	(Address Chist	ell M. D
OF FATHER (State or country)  W	*State the I Violent Causes, s Accidental, Suicidal	Disease Causing Death, tate (1) Means of Injor Homicidal.	or, in deaths from ury and (2) Whether
of MOTHER adeline Daily		SIDENCE (For Hospit	
13 BIRTHPLACE OF MOTHER (State or Country)  Messelved	At place of deathyrs  Where was disease con	nosds. In the	yrsmosde
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des	th?	2220 20 20 20 20 20 00 00 00 00 00 00 00
(Informant) Succe Hypnerk	Former or usual residence	33	
(Address) Rock Star	Marke of Buria	L OR REMOVAL	DATE OF BURIAL
Filed 11/10 1930 B. Lew Gurdung Registra	20 UNDERTAKER	podd	Mesterfaton
If more branks are needed, address State Registrar	, 16 W. Saratoga St.,	Balto., Requesting V. S	. No. 1. U

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-;" etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease etc. The contributory valvular heart disease; " "Convulsions,

S. No. 1

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N. B

PLACE OF DEATH	13890 STATE OF MARYLAND
County/Cenf	CERTIFICATE OF DEATH
1/ 1 1012.1	Registration Dist. No. 201
Village or City Kennedypelle 2nd 2FULL NAME Still Born	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX. A COLOR OR RACE SINGLE, MARRIED. W(DOWED OR SHORGED (Write the Wid)	16 DATE OF DEATH 200/5, 19230  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
nov-75, 1930	192 . to 777 15 1928 C
(Month) (Day) (Year)	that I last saw her sive on wor / 5th, 19230.
7 AGE Still Bry   If LESS than   day hrs.   ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or	Still Born
particular kind of work	
business, or establishment in	(Durstion) yrs mos ds.
which employed or (employer)	Contributory Muknow
(State or country) Lennedyville Zny	Secondary  (Duretion)
10 NAME OF FATHER	(Signed) J. J. While M. D.
() 11 BIRTHPLACE	11-15 1923 (Address) Slett Pro
(State or country) morgan heck	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Case Townsend	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the State yrs mos ds, State yrs ds,
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Harved Hungon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) gennedefrille Mid	Ant Brow Cem, nov 15 1030
Filed Mr 15 1920 Apollach Registrar	BR Tellows Still Pond

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory Nomenclature of the

	PLACE OF DEATH	06804	STATE OF M	
	County Kent		CERTIFICATE	
luis		90	Registration D	ist. No. 212
v	illage or City Chesler Coun Hold		St:Ward)	(If death occurred in a hospital or institu-
	2 FULL NAME Harrison Jone	kius	0000001 m <b>0000 0</b> 000 000 000 000 000 000 000 000	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3	Male Color OR RACE SINGLE, MARRIED. Married WIDOWED.  (Write the word)	16 DATE OF DEATH	(Month)	, 19 <b>3</b> 0
6	DATE OF BIRTH	17 I HEREBY		nded the deceased from
	(Month) (Day) (Year)	that I last saw h	alive on Gues 1	8 , 192 ,
7	AGE . III LESS than		U	above, at 6 3 0 pm.
	I day hrs.	The CAUSE OF DEAT		AND FUE COST TO COST COST COST COST COST COST C
1	**************************************			<b>~</b>
	OCCUPATION (a) Trade, profession or Releved Cocker particular kind of work Releved	Dal.	Hosort, D	Seere
	(b) General nature of industry	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 4 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
1	business, or establishment in which employed or (employer)	04 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 0 - 0	(Duration)	yrs. b. mos de.
1 -	BIRTHPLACE (State or country) Many and	Contributory	Grad Do	
	10 NAME OF FATHER / MU TO 10 10 10 10 10 10 10 10 10 10 10 10 10	(Signed) O Tu a	O OV Dy Lo	claud M.D.
	11 BIRTHPLACE	Jun. 20 1921	(Address) 6 Kzul	tem that
N L N	(State or country) May and	*State the In Violent Causes, st	is aso Causing Death, ate (1) Means of inju- or Homicidal.	or, In deaths from ury and (2) Whether
PAR	OF MOTHER MAAAAA.			ds, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	At place of deathyrsn	In the	yrsds.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont	racted,	
14	m(1)	Former or usual residence	### **********************************	
	(Address) Pheater tour Mid.	19 PLACE OF BURIA	LOR REMOVAL	DATE OF BURIAL
13	Filed June 20 1920 No J Dricke	20 UNDERTAKER	Don't d.	ADDRESS Tue
=	If more banks are needed, addre.a tate hegistrar	, 16 W. Saratoga St.,	Balto, Lequesting V. S.	1.0.1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING PEATIL, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to eich and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Physician, Compositor, Architect, Locomotive engineer, r," etc., For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage," st.ted unless important. Example: Measles (disease (Recommendations on statement of cause of death carbolic acid—probably suicide. The nature of the injury, acaident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase "E:haustion," "Heart failure," "Inamition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; affection need Nomenclature of the not be

PLACE OF DEATH Village or Ci certificate AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED OR DIVORCED ay (Write the word) 17 6 DATE OF BIRTH m ons (Month) 7 AGE fLESS than I day hrs. The CAUSE OF DEATH \* min.? Ш 0 ESERV (a) Trade, profession or Tarus particular kind of work (b) General nature of industrices d business, or establishment in 2 which employed or (employer) odd odwi MARGIN 9 BIRTHPLACE (State or country) EA should 0 L ō (1) ta) PARENTS S Z CAUS (State or country inform should state At place OF MOTHER 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? item statement Former or usual residence S EVERY 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. -....Ward) (If death occurred in

a hospital er institution, give Its NAME Innumber.)

### MEDICAL CERTIFICATE OF DEATH

2		
May	31	. 19
(Month)	—(Day)	1

I HEREBY CERTIFY, That I attended the deceased from

alive on

and that death occured on the date stated above, at .....

deal

mos.....da O. (Address Cold

\*State the Disease Causing Death, or, in Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCIA (For Hospitals, Institutions, Transients or Recent Residents)

In the State .. vis. mos. yrs...... ds. Where was disease contracted.

DATE OF BURIAL

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



V. S. No. 1.

	PLACE OF DEATH	
Cour	nty / Carl	
Villa	ge or City Manage (No.	
	2 FULL NAME Korrela /	300
	PERSONAL AND STATISTICAL PARTIC	ULARS
3 SE	4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCE (Write-the work	P
6 DA	TE OF BIRTH	1)
	(Modh) (Day	• , , , , , , , , , , , , , , , , , , ,
7 AG		lf 1 da
o pa bus wh	CCUPATION  1) Trade, profession, or ricular kind of work  1) General nature of industry siness, or establishment in inchemployed (or employer)	• • • • • • • • • • • • • • • • • • • •
	(State or country)  10 NAME OF	
S	11 BIRTHPLACE	Bay
PARENT	OF FATHER (State or country)	
0.	13 BIRTHPLACE OF MOTHER (State or country)	2
14 TI		LEDGE
	(Informant) Some galance	arkaja iya O-D-se se salinin se O-dy dy se se
	(Address) Burn	
15 File	ed 8/2 1820 Me Br	de
	. 10 1 1	-

' PLACE OF DEATH

### 09364

CULARS

of more blanks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

[ If death occurred in

gen	e) Johns	a hospital or Institution, give its NAME instead of street and number.]
ARS	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH (Month)	(Day) , 19\$
, 1 = 3 > (Year) If LESS than	that I last saw har alive on and that death occurred on the date sta	7. 2 ,1978,
1 day, hrs. or min.?	The CAUSE OF DEATH * was as follow	
	Contributory Secondary  (Buration)	
yal.	(Signed)	sarly M.
) OGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IT OR RECENT RESIDENTS)  At place In the of death yrs	NSTITUTIONS, TRANSIENTS,
1.	19 PLACE OF BURIAL OF REMOVAL  20 UNDERSON  Addi Warman	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, uife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (relired Housemaid, etc. If the occupation has been changed taken to report specifically employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile jactory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. many occupations a single word or term on the Compositor, Architect, Locomotive engineer, very important, so that the relative healthful-For persons who have no occupation whatever Stationary fireman, etc. The material worked on may form part the occupations of persons Never return "Laborer," But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewr (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewr (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations mus," genital," on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Aecidental drowning. suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For Violent Deates "Puerpenal peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial Example: Measles (discase causing death), 29 ds.; Bron-"Tumor" for mulignant neoplasins); Measles; Whooping Always qualify all diseases resulting from child-"Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," Never "Exhaustion," report mere ("Con-

V. S. No. 1

1		r, PHYSI-
	CORD	EXACTLY rly classifficate.
BINDING	AANENT	chould be stated t it may be proper s on back of cert
FOR	IS A	So that
MARGIN RESERVED FOR BINDING	WRITE INLY, WITH UNFADING INK-THIS IS A R YANENT CORD	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE	N. BEvery Item of CIANS shoul statement of

PLACE OF DEATH	10512 STATE OF MARYLAND
County Kenl	(3) CERTIFICATE OF DEATH
B	Registration Dist. No. 202
Village or City 1 Stood well (No. To hisle	St.: Ward) (If death occurred in a hospital or Institution, give its NAME Instead of street and
2FULL NAME (MANUAL) FO	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemak Bell Single, Married, Wildowed. (Write the word)	16 DATE OF DEATH Sept. 20, 1930 (Month) (Day) (Year)
nowal. 1902	17 I HEREBY CERTIFY, That I attended the deceased from pere 196 to lug 2 2 , 1930
(Month) (Day) (Year)  7 AGE  2 yrs. 9 mos. 12 ds. or min.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession or particular kind of work	Culmonery Induculous
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duration) 9 yrs., Incs. ds.
9 BIRTHPLACE (State or country)  May land	Secondary (Duration) mos. ds.
10 NAME OF FATHER Levey. Black	(Signed Track M. D. Seft. V 1938 (Address) Chishertam
OF FATHER (State or eountry) - Machan	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Lannah Bowson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country).  Macylaud	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Carroll M. Johnson	Former or insual residence
(Address) U Neskelom V.	Broad neck Hent loo & Sept 4". 1530
15 Filed Sept-3 -198 W T Hicks	Chas L World Chestertown.
If more hanks are needed addre s tate Negistra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, Houseployed, as Ai school, or At home. Care should be taken household only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully emen at home, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the oecupation has been changed gaged in domestic service for wages, as Serumt, Cook (a) Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. Wom-(6) persons en-Grocery;

Streement of Cause of Death—Name, first, the Dis-EA. If AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Fyphoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopueumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms er terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY not be

V. S. No. 1

PLACE OF DEATH  County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20-2
Village or City State Course No 343	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MORIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Year)	that I last saw has alive on 17 193 Q
7 AGE  1 day hrs. or min.?	and that death occurred on the date stated above, at Just M. m. The CAUSE OF DEATH * was as follows:
a) Trade, profession or Holoour particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds,
9 BIRTHPLACE (State or country)  Md	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF LEWISE Johnson	(Signed) M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Laura While	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mulc	At place of deathyrsds. In the Stateyrsds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Lester Lown Md.	19 Phace of Burial OR REMOVAL DATE OF BURIAL September 1980
Filed april 18 1920 W.J. Registrar	W T Hecks Chestertown
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Physician, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs). For persons who have no occupation Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many Grocery;

Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Chronic etc. The contributory valvular heart disease; affection need not be Nomenclature of the

1PLACE	OF	DEATH	
County Ke	nf	Cr. ,	

12529

### STATE OF MARYLAND CERTIFICATE OF DEATH

113

Registration Dist. No.

	ULL NAME Edg	^	Johnse	~	St.: War	d) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERS	ONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH
male.	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORO (Write the w	SED .	16 DATE OF DEATH		(Day) (Year)
6 DATE OF E	Quan. (Models		, 1 <b>930</b> (Year)	that I last saw have a	ERTIFY, That I at 1925 to 1925	ttended the deceased from
particular k (b) General business, or which empl	profession or cind of work nature of industry establishment in oyed or (employer)	fort.	I dayhrs.	The CAUSE OF DEATH	* was as follows:	
10 NAME FATHE  11 BIRTH OF FA' (State 12 MAID! OF MO 13 BIRTH	PLACE THER OF COUNTRY Bulto EN NAME THER MAGGIE THER	Johnson		(Signed)	Homicidal. ENCE (For Hosp	n, or, in deaths from Injury and (2) Whether oitals, Institutions, Trans
(Informa	ther or Country)  E 19 TRUE TO THE BEST  nt) Mary C  Idress) Milli  19228	. Ros		At place of death	ds. St	DATE OF BURIAL  Oct. 8, 1936  ADDRESS

Registrar

If more branks are beeded addre.s Ltate Registrar, to W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., William ... Laborer Laborer, Farm laborer, Laborer fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the mill; (a) Salesman, (b) -Coal mine, etc. Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup")"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condicough; intercurrent) Chronic and consequences (e. g., sepsis, affection need not be etc. valvular heart Nomenclature of the The contributory Always qualify all disease;

V. S.

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PLACE OF DEATH County Hent.	03070 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Millington (No.  2FULL NAME Henry Johns	Registration Dist. No.  St.: Ward)  a hospital or institution, give Its NAME Instand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
markier. Wedower OF or or of the word)	16 DATE OF DEATH March 15, 1930  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h wallva on has 15 , 19234
7 AGE  7 3 yrs. mos. ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at 9-43-1 m. The CAUSE OF DEATH of was an follows:  Ohronic myseconditis. Duration sunknown.
(b) General nature of industry busineas, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	(Signed) J. W. Stock  (Signed) J. W. Stock  M. D.  M. D.  M. D.  M. D.  M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  When the state of country the state	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs death death where was disease contracted,
(Informant) Comma Wiggins (Address) 734 W. 2nd Chester Pa.	if not at place of dea.h?  Former or usual residence millingth. Md. P.D.  19 PLACE OF BURIAL OR REMOVAL  Puleys Neck. Md. March 18, 1930  EQ UNDESTAKER APD O ADDRESS A 20
Filed 1938 M: Grace Registrar  If more hanks are needed address State Registrar	John a. Nobin & Sen Millington M. S. Saratora St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Form loborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. work, or At Home. and children, not gainfully em-ployed. as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Strument of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Thanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., ot Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; "" "Weakness," etc., when a definite disease or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature

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PLACE OF D	PHYSI- Exact	
Village or Cityllin	EXACTLY, y classified	ORD
²FULL NAM	CO EXA	CO
PERSONAL AN	Stated proper!	
3 SEX 4 COL	ANE d be y be ack	ING
6 DATE OF BIRTH		BINDING
	IS A I	N A
7 AGE 74	no on	ID FO
(a) Trade, profession particular kind of wo	T-T ter	RESERVED FOR IG INKTHIS IS A
(b) General nature of business, or establishm which employed or (en	VG INK- refully se in plain	RESI IG IN

PLACE OF DEATH	STATE OF MARY
County	CERTIFICATE OF
Think t	(29) Registration Dist. No
Village or Eit Milling (No. 2FULL NAME Tulia Alina	St.: Ward) (If de a hosp tion, g stend number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE 5 SINCE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH  Month (Day) (Year)	17 Och 26 1920 to Och 2 that I last saw has alive on Och 2
7 AGE   If LESS than   I day hrs.   If Less than   I day hrs.   or min.?	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of induatry business, or establishment in which employed or (employer).  BIRTHPLACE (State or country) St. Mary's Co. Md.	(Duration) yra
10 NAME OF FATHER Wm. Henderson.  11 BIRTHPLACE OF FATHER (State or country) St. Mary Co., Md.	(Signed) (Address) (Address) (State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
OF MOTHER Harry Unknown.  13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of death
(Informant) ANY O' KNOWLEDGE  (Address) AND MANAGEMENT AND	Former or usual residence Butturine md.  19 PLACE OF BURIAL OR REMOVAL  DATE  OF THE PLACE OF BURIAL OR REMOVAL
15 Filed Oct, 31- 1930 Merrilt Brice	20 UNDERTAKER OF PSON PSON PSON PSON PSON PSON PSON PSON
If more bianks are needed, addre a State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE	OF	MAF	RYLA	ND
CERTIFIC				
Regist	ration	Dist.	No.	200

n	St.:	Ward)	a hospital tion, give i	occurred in or institu- ts NAME in street and
MEDICAL	L CERTIFIC	CATE O	F DEATH	
16 DATE OF DEATH	(le	1	30	195
	(Mon			
that I last saw by	192)(). to	00	1.00	, 1920
and that death occurred	d on the dat	e stated a	bove, at	1. 9. m.
The CAUSE OF DEATH	* was as fol	che t	Kefte	ilis
	(Duratio	on)	y lesal	nősds,
Contributory Secondary	**************************************	0000-00-00-00-00-00-00-00-00-00-00-00-0	0 g 440 0 p p 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(Signed)	(Address)	140	ier	M. D.
*State the Discovering Violent Causes, state Accidental, Suicidal or	ase Causing	Death, of Inju	or, in dealery and (2)	ths from Whether
IS LENGTH OF RESI	dents)ds.		Ifs:	ds
19 PLACE OF BURIAL	OR REMOVA		DATE OF	BURIAL

AMPRESS

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnum
Inhorer, Farm laborer, Laborer should be used only when needed. As examples: (a) cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never rcturn "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronie interstitial nephritis, Whooping American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; Chronic affection need etc. The contributory valvular heart disease; Nomenclature not be

V. S. No. 1

PLACE OF DEATH County County	03071 STATE OF MARYLAND CERTIFICATE OF DEATH
massen	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred is a hospital or institution, give its NAME is
2FULL NAME SUCCESSION OF THE	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGTE, MARRIED, MANUE WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH MUSCH 28 1930
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Cel 11 1860	/
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS tha	
70 yrs. 5 mos. Lf ds. or min.	
B OCCUPATION (a) Trade, profession or Anaesses  particular kind of work	Chrisic Myreard Sais
(b) General nature of industry business, or establishment in	(Duration) Jyrs, mos ds
which employed or (employer)	Contributory
9 SIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER MANAGEMENT OF THE PROPERTY O	(Signed) M.D.
o 11 BIRTHPLACE	3/28 1925 (Address) Malling him Me
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Referen Bailey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds, State yrs mos ds
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Laurent Johnson	Former or usual residence
(Address) Myssey Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 5/28 1906 he Briston	Ed UNDERTAKER ADDRESS Millereston
If more banks are needed address State Registry	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer. Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The materia For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE (VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal ferer (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory Nomenclature of the

1.0

	PLACE OF DEATH	15113 STATE OF MARYL	AND	
	County	CERTIFICATE OF DI	EATH	
	MIKEO JOHA - A	Registration Dist. No.	12	
rificate.	Village or City Medler Churcho.  2FULL NAME Medinley Jobs	a hospita tion, give	occurred in l or institu its NAME in f street and	
ack of cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	Male Color or RACE SINGLE, MARRIED, MAILED WIDOWED.  (Write the word)	16 DATE OF DEATH	, 19 <b>3</b> 30.	
uo suoi	6 DATE OF BIRTH  LIMITANUM, 1960  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the control of the same that I last saw half on the same that I last saw half of the saw half of the same that I last saw half of the saw half of the same that I last saw half of the same that I last saw half of the saw half of th	leceased from	
III struct	7 AGE   If LESS than     day hrs.   or min.	The state of the s	230 р.т.	
11. 000	(b) General nature of industry	Augina Pectaris.	***************************************	
Pool (a)	business, or establishment in which employed or (employer)	Contributory Secondary	moede.	
	10 NAME OF FATHER Leibern Johnson	(Signed) Harry L. Haddy Co	mosde. M. D. M. D.	
	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Discase Causing Death, or, in de Violent Causes, state (1) Means of Injury and (2 Accidental, Suicidal or Homicidal.		
	13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institution is or Recent Residents)  At place of deathyrsds. In the Stateyrs		
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	***************************************	
	(Informant) Linevier Johnson	Former or usual residence	F BURIAL	
	(Address) Applitown Ms	near Chesterlown Jan 1	, 19.36	
	Filed blee 31 1920 N.J. Ducks	W.J. Hicks Chest	erloun	

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Doy

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. approved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train-"PUERPERAL seplicaemia," "PUERPERAL peritonitis, "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is loss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the not be disease;

that it may be properly classified. Exact thous on back of certificate.

See instructions

Every item of information should be carefully supplied. CIANS should state CAUSE OF DEATH in plain terms setatement of OCCUPATION is very important. See instru

(Informant)

15 Filed

ACE

CORD

MANENT

BINDING

MARGIN RESERVED FOR

WITH UNFADING INK--THIS

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Mus-	3 , 1930
/	(Day) (Year)
17 I HEREBY CERTIFY, That I att.	ended the deceased from
192 to	192 0
that I last saw har alive on	197
and that death occurred on the date stated	above, at 630 Pm.
The CAUSE OF DEATH * was as follows:	aburulous
	8 0 0 0 0 0 0 0 0 0 1 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0
(Duration)	yrs. 10 mos de.
Contributory Secondary	g my
(Durstion)	yrsds.
(Signed) Dr. Wordhe	M. D.
mar 4 1920 (Address)	stratown A
*State the Discase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from iury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans-
At place of death yrs mos. de. State	yrsds.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	**************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Tomona Suc	Than 6, 1930
2D UNDERTAKER	ADDRESS
Very Dunk	1 1 1

	PERSONAL AND STATISTICAL PARTICULARS
35	Lale Color or RACE 5 SINGLE, MARRIED, WIDOWED. Strongle OR DIVORCED (Write the word)
6 [	Chief 8, 19/4 (Month) (Day) (Year)
7 A	Jyrs. D mos. 25 ds. or min.
(lb)	CCUPATION  1) Trade, profession or Train worth  reticular kind of work Train worth  1) General nature of industry  Issiness, or establishment in  hich employed or (employer)  IRTHPLACE  (State or country)
PARENTS	10 NAME OF FATHER CHANNES & Johnson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER CHANNE & Johnson  13 BIRTHPLACE
_	OF MOTHER (State or Country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

V. S. No. 1

WRITE

N. B.

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "IIaemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic Example: Measles (disease " "Coma," "Convulsions, etc. The contributory valvular heart affection need not be Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

1 PLACE OF DEATH County / County	03073 STATE OF MARYLAND CERTIFICATE OF DEATH
1 Chita	Registration Dist. No. 2
Village or City Julie (No. Chester September 1997)  2FULL NAME lu - uai	St.: Ward (If death occurred in a hospital or institution) give its NAME is the death of street an institution of street and institution of street a
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEO (Write the word)	16 DATE OF DEATH / LALOT 29 , 1934
6 DATE OF BIRTH March 79, 1930.	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)	thet I last saw halive on, 192
7 AGE   If LESS than   1 dayhrsds.   ormin.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Still form.
(b) General nature of industry business, or establishment in which employed or (employer)	Sta Ourston Libyry Tros y d
9 BIRTHPLACE (State or country) Mainland	Contributory Secondary (Durgion) yes mgs) d
FATHER William Johnson	(Signed Ruffl July & M. I.
State or country)  Now State or Country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Of Lewer Golden	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mark Cared	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at place of death?
(Informant) & Lemeghen Athurn	usual residence
(Address) Chisherton 49 V	materfee Mand 30, 19 3
15 Filed May 21 1930. A fuelt Registrar	20 INDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, addraga State Registra	r, 16 W. Saratoga St., Balto., Requesting V. Schololelason

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseer," etc., without more previous relations. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on cspecially in industrial employments, it is neces-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

PLACE OF DEATH	13898 STATE OF MARYLAND
County Ruch	CERTIFICATE OF DEATH
20	Registration Dist. No. 200
Village or City Salya (No.	St.: Ward) (if death occurred in a hospital or Institution, give its NAME II -
2FULL NAME James & Joh	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale That Stingle, Suigle Wildoweb- OR DIVORGED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
1 17 1908	1000.00
(Month) (Yay) (Year)	that I last saw hamalive on Mr. 8, 1927,
7 AGE If LESS than	and that death occurred on the date stated above, at
12. O 2 / da lar	The CAUSE OF DEATH * was as follows:
occupation min.?	
(a) Trade, profession or July Cark particular kind of work	J. J. Millians
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos/ 0 _ds.
9 BIRTHPLACE (State or country) Lach Ca Cald	Contributory Secondary  (Duration) y(s) 1308 ds.
10 NAME OF Frank Jahuslow	(Signed) Les Romes M. D. M. 10 1930 (Address) Saleran MM
OF FATHER  (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Cuque Coleman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
William Johnston	Former or usual residence
(Informant)	19 PRACE OF BURNAL OR REMOVAL DATE OF BURNAL
(Address) Juliua, Md.	Soludemetery Nov. 11 .: 180
Filed MM 10 1930 Local Popistra	oundertakes offage Cacilla Jud.
lf more banks are needed, address tate Kegistra	16 W. Saratoga St., Jako., is questing V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cont. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. " etc., without more precise specification as Day first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-For persons who have no occupation Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the Disease Crusing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospin fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelants) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-Recommendations on statement of cause of death American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, Chronic valvular heart disease; etc. The contributory " Shock," Measles;

It his certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the day is essential and must be obtained before the certificate is prepared to the certif

1930

8, No. 1

certificate.

of

important.

9

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 203

St.:	Ward)	(If death occurred in a hospital or institu-
1 2201	)	tion, give its NAME ir- stead of street and number.)

ADDRESS

MEDICAL	CERTIFICATE	OF DEATH	/ /
6 DATE OF DEATH	may (Notith)	17/5	190
1 HEREBY CE	RTIFY, That I at	(Day)	
••••••	192 to		, 192
hat I last saw, hal	ive on		, 192
nd that death occurred the CAUSE OF DEATH *			m.
Contributory Secondary	(Duration)	715	06 ds.
Signed)	(1) Mean of i	fall of land of the state of th	ds
ELENGTH OF RESIDE		itals, Instituti	ons, Trans
t place f deathyrsnos  There was dissage contracted not at place of dea.h?  owner or sual residence.	ds. In th	e iteyrs	.mosds.
Wesley Cha	4 1	5/19	BURIAL , 1930

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endoyed us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a ," etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Grocery;

Strtement of Cause of Death—Name, first, the DISEA 3 (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Enhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic intersitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK--THIS IS A F WRITE

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND			
County / Cery				
County 1 1 - near Still	Registration Dist. No. 201			
Village or City Alle (No. (No.	St.: Ward) (if death occurred in a hospital or institution, give its NAME in			
2 FULL NAME Emma fr	stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
4 COLOR OR RACE 5 SINGLE, MARRIED, MICHAEL OR DAYORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)			
G DATE OF BIRTH  Jan 31, 882	17 I HEREBY CERTIFY, That I attended the deceased from			
(Month) (Day) (Year)	that I last saw h lalive on UEC 35 , 1927			
7 AGE II LESS than I dayhrs	and that death occurred on the date stated above, at			
yrs. / mos. / ds. or min.	The CAUSE OF DEATH * was as follows:			
8 OCCUPATION (a) Trade, profession or Hanne Walls	Taralysis agilans			
b) General nature of industry				
business, or establishment in	(Duration) yrs. mos. ds.			
which employed or (employer)	Contributory Secondary			
(State or country) Still Fond rude	(Duretion)/			
10 NAME OF FATHER GOOM 200	(Signed) A. D. M. D.			
IN II BIRTHPLACE	4 27 190 (Address) Sull Ind			
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Finds Reading	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
OF MOTHER (State or Country) & till Poud, had	At place of deathyrsmosds. In the Stateyrsmosds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?			
(Informant) John Wesley Lords	Former or usual readence			
(Address) Plutchtoul mar Por	Mf JionCemelery Lee 28, 1930			
Filed 12-2 7 1930 Molack Registrar	BR Fellow Sulloud			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease etc. The contributory affection need Nomenclature of the not be

Every item of information should be carefully supplied. ACE should be stated-EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD RMANENT BINDING MARGIN RESERVED FOR AINLY, WITH UNFADING INK--THIS IS A

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No. 1

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PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 283
Village or City / Joel Hall. (No. 9	solf Nall St: Ward)  a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED SKRIED OR DIVORCED (Write the word)	16 DATE OF DEATH Much 26, 1930.  (Month) (Day) (Year)
6 DATE OF BIRTH  Abecl 5th, 1559  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Yattended the deceased from 1921 to March 23, 1900, that Plast saw here alive on March 23, 1937,
7 AGE    If LESS than   day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Thems White
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 State or country)  13 BIRTHPLACE OF FATHER  (State or country)  14 BIRTHPLACE  OF FATHER  (State or country)	(Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of death yrs mos ds.
(Informant):	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Address) Hak Skell. My  15 Filed 3/27 B. Lus Druding	20 UNDERTAKER ADDRESS
Registra	Thous of Monday Amelians

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coat mine, etc. wounwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping American Medical Association.) approved by Committee on Nomenclature of the lctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

PHYSI-CORD of information should be carefully supplied. ACE should be stated EXAC uld state CAUSE OF DEATH in plain terms so that it may be properly claim OCCUPATION is very important. See instructions on back of certificate LANENT BINDING FOR 15 WITH UNFADING INK--THIS MARGIN RESERVED CIANS should statement of OC

V. S. No. 1

N.B.

PLACE OF DEATH County	14427 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Collmans Mrs.  2FULL NAME Mary Elizabe	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to 4, 1980 that I last saw held alive on 1923
7 AGE    If LESS than   I day hrs.   day or min.?	and that death occurred on the date stated above, at
occupation (a) Trade, profession or barticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos.,, ds.
(State or country) Colemans Md	Secondary  (Depation) yrs
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of death
(Informant) John John	Former or usual residence
(Address) Colemans and  Filed Chief 1930 f. H. Colars  Registrar	Coleman Cem Difey 2/1930 20 UNDERTAKER BROTOllows Stillfood me

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. tircd 6 yrs). business, that fact may be indicated thus; Farmer lave or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesbe used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitual nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD MANENT MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS IS A WRITE

V. S. No. 1 5

PLACE OF DEATH	STATE OF MARYLAND
County Keut	(130 41) CERTIFICATE OF DEATH
County	Registration Dist. No. 212
Village or City Cheslerlowne (No.	Registration Dist. No.
Village or City Chestellaune (No.	St.: Ward) (If death occurred In a hospital or institu-
5 0	tion, give its NAME is -
2 FULL NAME Tolowou Jon	number.)
DEDECAMAL AND STATISTICAL PARTICULARS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Widown	16 DATE OF DEATH March 10, 1920
Male Colomb (Willy the word)	
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	Apr. 1 1929. to Occ. 3 0 192
ecu Recours, 1860	
(Month) (Day) (Year)	that I last saw handlive on
7 AGE / If LESS than	and that death occurred on the date stated above, at 10 30 cm.
about 70 years I day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.}	A LOAD SAARAS
(a) Irade, profession or	will seemly pro-
particular kind of work or as	
(b) General nature of industry business, or establishment in alputic cly	(Duration) yrs. mos ds.
which employed or (employer)	If fact you knows
9 BIRTHPLACE	Contributory
(State or country) Mary Cand	(Durgion) A yrsmosds.
10 NAME OF	(Signed) . Would lichney M. D.
FATHER un cuouns	Mar. 11 1950 (Address) Sheethstown
O II BIRTHPLACE OF FATHER	
Z (State or country) Mary out	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 5000 Callens	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE	lents or Recent Residents) At place In the
OF MOTHER (State or Country) Many out	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) trank / James	usual res.dence
010 - 1- min	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Chesterlain Mid.	Chesleream Md. Mar. 11, 1020
15 Filed Mar 18 1930 W. T Hicks	20 UNDERTAKER ADDRESS
Registrai	Chas. L. Dodd. Chesledown Mas
If more b.anks are needed, addre.s tate Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day laborer, Form laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.
(a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Stationary freman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebros pinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart Nomenclature The contributory disease; not be



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7 AGE

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9 BIRTHPLACE (State or country)

10 NAME OF

FATHER

(State or coun 12 MAIDEN NAM OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or Coun

(Informant)

(Address)

14 THE ABOVE IS TH

(a) Trade, profession or

particular kind of work

(b) General nature of industry

business, or establishment in which employed or (employer)

1	-	1		
1 -	7	X		
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PLACE OF DEATH Kent. Co.,



1930

If LESS than

I day hrs

(Day)

1253

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	a hospital	occurred in or institu-
		tion, give i	street and

number.)

Village or Ci	massey,	md(No	
		am E. Kel	ly.
PERSO	NAL AND STATIST	ICAL PARTICULARS	
3 SEX Flemale	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DA
6 DATE OF BI	RTH		17

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E	Evelyn Palmetory
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UE	TO THE BEST OF MY KNOWLEDGE
us	James. Kelly,
	James. Kelly, Massey, Fred.
	19230 Mestett Brice

ients or Recent Residents)	
At place of deathyramosds.	In the Stateyrsmosde
Where was disease contracted, if not at place of death?	***************************************
Former or	

9	PLA	CE	OF	BURIAL	OR	REMOVAL
	do.	_	4			4

9- UN DERTA	KER	Vera	0
John	11	a both .	und
John	U.	So am	Youn,

If more bianks are needed, addre state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

At

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Without more process. The duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DISed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

V. S. No. 1

1	, PHYSI-
CORD	EXACTLY rly classificate.
WRITE INLY, WITH UNFADING INKTHIS IS A F WANENT CORD	-Every Item of Information should be carefully supplied. ACE thould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
IS A F	So that it nuctions on
INKTHIS	lly supplied lain terms t, See instr
NEADING	beareful be beareful beareful by importanty
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INLY	of Informa uld state of OCCUPA
WRITE	N. B.—Every item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	ż

County County	0550 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Ruch Halfo.	Registration Dist. No. 21 3  St.: Ward) (If death occurred in a heapit 1 or institu
2FULL NAME / Ser	eface street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR GIVORCED (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1 27.1836	
(Month) (Day) (Year)	that I last saw h
Stell born   IfLESS than   I day hrs.   mos.   de.   or   min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Still bone
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yes, mos ds,
State or country) Rock Hall and	Contributory Secondary  (Durstion) mosds.
FATHER Thos. Kendall	(Signed) (Address) Charleston.
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a of MOTHER fra Helband	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yes mos, ds. In the State yrs does ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mollier	Fornier or usual residence
(Address) Rush Hall	Wesley Chapel Cum. 1/28 , 130
15 Filed 1/28 1038 7. B. Guding Rw	Thos. Kindall Jather Rick Hall
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. (b) Grocery, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, et :. If the occupation has been changed gaged in dome-tic service for wages, as Serunt, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on 0 yrs). Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. Laborer-Coul mine, etc. Wom-The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebospial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide: Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by rollway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic etc. The contributory valvular heart disease Nomenclature of the

V. S. No. 1

PLACE OF DEATH		MARYLAND
County		TE OF DEATH
WITHIN COM SINATE COME	Registration	on Dist. No. 202
Village or City (No	St.: Wa	ard) (If death occurred in hospital or institu
2FULL NAME Stalt Brown	innid	tion, give its NAME is stead of etreet an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)	1986
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I	
(Month) (Day) (Year		- 1 Nov Co , 1923
Shee Phase   If LESS the lay   lay	ITS. The CAUSE OF DEATH * was as follows	
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)	yrs mos d
10 NAME OF Garage Elemas	4	M. I
OF FATHER (State or country)  (State or country)	*State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	ath, or, in deaths from Injury and (2) Whether
of Mother than the Collin	18 LENGTH OF RESIDENCE (For Hi	
13 BIRTHPLACE OF MOTHER (State or Country)  Mary Level	At place of deathmosds,	the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
(Informant) May F. mun Collon	usual residence	DATE OF BURIAL
(Address) Sheslestins Md	Pomona	1100111 1080
15 Filed Nor 10 1920 MJ. Hick Registrar	Leonge Milennara	haterlow
15 Filed Nor 14 1975 M. Thick	Les ge M Jennara	

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and 'children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Hausekeepers who receive a Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. Housemaid, etc.: If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Womnot gainfully em-.""(Deal-

Statement of Cause of Death—Name, first, the nise EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Whooping cough; Recommendations on statement of cause of death (secondary elanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic Example: Measles (disease etc. valvular heart disease; The contributory Mcasles ;

V. S. No. 1

		PLACE OF DEATH	STATE OF MARYLAND  G551 CERTIFICATE OF DEATH
		County DVM P 1	Registration Dist. No. 203
. 0	Vil	lage or City / Och Hall (No.	St.: Ward) (If death occurred in a hospital or institu-
certificate.		2FULL NAME Drank	tion, give Its NAME I, - stead of street and number.)
Cer		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 8	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	Month) (Day) (Year)
8 on	6 1	DATE OF BIRTH , 1867	17 I HEREBY CERTIFY, That I attended the deceased from 1929, to Lee 38, 1929,
tion		(Month) (Day) (Year	that I last saw harzalive on See 28, 1929.
ructi	7 /	If LESS than I dayhrs.	and that death occurred on the date stated above, at 10-A m. The CAUSE OF DEATH * was as follows:
nst		63 yrs. mos. e. or min.?	The CASS OF BEATT Was as Tollows!
See	X	a) Trade, profession or Scul - Work.	Mocardilis Chronie
Vit.	0	b) General nature of industry usiness, or establishment in	0 -1 -1 -
Tal		which employed or (employer)	(Dylation) Dyre moy de,
Impo	9 8	(State or country) Maryland.	Secondary (Duration) yes inos de.
very		10 NAME OF PETER NEWSEY.	(Signed) Mian of Glass M. D.
SI NOI	ENTS	OF FATHER (State or country) Mary land.	*State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AT	AR	OF MOTHER Martha Shawer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
CO		13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
0		(State or Country) Manflaud.	of deathyrsds. Stateyrsds. Where was disease contracted,
0	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
ent		(Informant) le a LA Merey Relley	usual residence
statem		(Address) Rock Hall mid	Nock Hall Md. Jan 320,30
ග	15	Filed 1-3 1930 7.13. Durding	Chas & Words Costestown
	=	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting VS. 10. 1. Md.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who rcceive a en at home, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-Whooping cough; American Medical Association.) as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Q intercurrent) Chronic and consequences (e. g., sepsis, etc. The contributory affection need not be valvular heart disease;

WRITE

V. S. No. 1

CORD	EXACTLY, PHYSI-	y classified. Exact	ficato.
NENT	be stated	be properl	of cartif
F	should:	it it may	ne on har
IS A	ACE	o tha	Lotion
INLY, WITH UNFADING INKTHIS IS A F MANENT CORD	Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact,	CCIIDATION is very important See instructions on back of certificate.
INLY, WITH U	nformation should	state CAUSE CF	CCIIDATION is vor

PLACE OF DEATH	16805 STATE OF MARYLAND
County / Crut	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City J.M. (No	St.: Ward) (If death occurr a hospital or in tion, give its NAN stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Bek Single, Married, Widowed. Or Divorced (Write the word)	(Month) 2 q(Day) (Yee
S DATE OF BIRTH  Annu 19 hus	that I last saw himalive on from 19, 19
melsures (aleb 71) ds. or	
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) vis. mos /J
9 BIRTHPLACE (State or country)	Contributory Christ Intercheas hofters
10 NAME OF	(Signed) Mussit Muc's mos.
FATHER Mulmun	6/10 192 & (Address) Muelle for
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths fro Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.
of Mother Mulsunu	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Lectur Kilson	usual residence
(Address) grel. M.6	9 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  JULY L. 11
	20 UNDERTAKER APPRES

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, tion applies to each and every whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. (a) the kind of work and also (b) the -Coal minc, etc. Womperson, irrespective of Locomotive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," John pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi death), 29 ds.; Bronchopncumonia (secondary), (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage cough; or intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

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ANLY, WITH UNFADING INK--THIS

06806

#### STATE OF MARYLAND

County V COUNT	CERTIFICATE OF DEATH
0141	Registration Dist. No. 267
Village or City William (No	St.: Ward)  (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  Sec. 26, 1857  (Month) (Day) (Year)	17 I HERERY CERTIFY, That I affended the deceased from 1930 to 1930, 1930, that I last saw humaiive on from 16, 1930,
7 AGE   If LESS than   I day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Rephritis Wheel
(b) General nature of industry business, or establishment in which employed or (employer)  PRINTHPLACE (State or country)	Contributory Cyslidia Secondary
10 NAME OF Educated subtent	(Signed) Joseph (Address Lection 1. Mg. D.
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Am Mary Landage	Where was disease contracted, if not at place of death?  Former or  usual rysidence  APPLACE OF BURIAL OR RESOVELLA DE TE OF BURIAL
(Address) Chestatorto. V	Sudan Jan Chy Jum 18,30

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting

V.S. No. 1

WRITE

N. B. ...

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Spinner, cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs,.. Housenwid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Furmer, or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness; that fact may be indicated thus; Former (re-Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Strtement of Cause of Death—Name, first, the Dis-EA. I CHING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever, (the only definite synonym is "Epidemic cerebrois it all meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Old Age, "Uraemia," "Weakness," etc., when a definite disease "Ezhaustion," "Heart raine," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage, stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcosles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Meosles (disease etc. The contributory

V. S. No. 1

2/ /	
County April	CERTIFICATE OF DEATH
B 1, 11 -00	(90) Registration Dist. No. 26
Village or City/20ek Hallino.  2FULL NAME James Lemarel	Leary St.: Ward)  (If death occurred a hospit I or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILLOW WILLOWS OR DIVORCED (Write the word)	(Month) (Day) (Year
6 DATE OF BIRTH May 18, 18	17 I HEREBY CERTIFY, That I attended the deceased f
(Month) (Day) (Ye	than and that death occurred on the date stated above, at
81 yrs. / mos. /2 ds. or r	hre The CAUSE OF DEATH & was as follows:
B OCCUPATION (a) Trade, profession or January	Sund debility Cet
particular kind of work (b) General nature of industry	Sal Heart Shouble
particular kind of work	(Duration) yes mos 10
particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos. / O  Contributory Secondary (Duration) / yrs. mos. /
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary  (Durstion)  (Signed)  (Signed)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Durstion)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Address) (Address)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 STYPE  13 BIRTHPLACE OF FATHER  14 BIRTHPLACE OF FATHER	Contributory Secondary  (Durstion)  (Signed)  (Signed)  State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Tr
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME  (State or country)	Contributory Secondary  (Signed)  State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs. mos. ds. State yrs. inos.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Durstion)  (Signed)  (Signed)
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary  (Durstion)  (Signed)  State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)  At place of death yrs mos ds. State yrs inos.  Where was disease contracted, if not at place of death?  Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulpess (i various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, er," etc., Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locamotic engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on 20 1118). Farm laborer, (b) Cotton mill; (a) Solesman. (b) At Home, without more precise specification as Day For persons who have no occupation (b) Automobile and children, not gainfully em-Laborer-Coul mine, etc. Womfactory. The material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences 'e. g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as prabably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; " "Marasmus," "Old Age," "Shock," Committee on Nomenclature Chronic etc. The contributory valvular heart not be

PLACE OF DEATH	09365 STATE OF MARYLAND
County Ruce Co.	CERTIFICATE OF DEATH Registration Dist. No. 200
Village of City ar Millegraffore, 2FULL NAME Robert J. Lea	St.: Ward) (If denth occurred is a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nole White (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH Mach. 7 1862	17 1 HEREBY CERTIFY, That I attended the deceased from Medical Company that I last saw halive, on
7 AGE    If LESS that   I day hrs   I day	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Atured Leberger particular kind of work Atured Leberger (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 8 yrs. mos. de
BIRTHPLACE (State or country) Deloware	Contributory Secondary  Duration  (Signed) Larry L. Dod S. Col e. M. I
TATHER Surry Leathew,  II BIRTHPLACE OF FATHER (State or country) Wisherown.	Jestate the Discusses Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Ligabelle Torchore  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos. ds.
(State or Country).  A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (State or Country).	Where was disease contracted, it not at place of dea.h?
(Information The Liable Son	Dulaney Church Toll Cuy, 27, 1936
Filed 8/2.7. 1926 12 Price Registral	John G. Tolomoson millington
If more blanks are needed, address State Registr	ar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material etc., especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman, -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state Means of Injuny can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping eough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory and consequences (e. g., sepsis,

PLACE OF DEATH  County / Lawh	03076 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 20/
Village or City Morgner (No	St.: Ward) (If death occurred in a hospital or institution, give lts NAME bestead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 26 , 1986
6 DATE OF BIRTH  AT , 19 29	17 I HEREBY CERTIFY, That I attended the deceased from 3 - 19 1920 to 2 - 20 1920
(Month) (Day) (Year)  7 AGE   If LESS than   I dayhrs.	
yrsds. ormin.?  B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Wakyland  10 NAME OF FATHER	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)  (Duration)  (Duration)
II BIRTHPLACE OF FATHER (State or country) II BIRTHPLACE OF FATHER IN 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Janhah W. dirt  13 BIRTHPLACE OF MOTHER (State or Country) Wahlland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) A annah Jively  (Address) Inhester form Md.	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Warel 2249 20
15 Filed Mouch 221930 Melach Registras	alluly thenry Chellerlows
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Bilto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (reetc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease;

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	CORD	ACE chould be stared EXACTLY, PHY other it may be properly olassified. Experience on back of certificate.
(1)	ENT	e stated e proper
FOR BINDING	IS A F MANENT CORD	ACE chould be stated EXACT that it may be properly plast colons on back of certificate.
FOR B	IS A F	ACE of that i

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PLACE OF DEATH County Lent	09718 STATE OF CERTIFICATE
1 (17	Registration
Village or City New Funce (No.	St.: Ward
2FULL NAME Bernard To	mad
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
Maried, Widowed OR DIVORCES MARRIED, WIDOWED OR DIVORCES MUCH	16 DATE OF DEATH  (Month)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I at
Febr 20 1979	1920. to
(Month) (Day) / (Year)	that I last saw haralive on alle
AGE [If LESS than	and that death occurred on the date state
/ yrs. 5 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Arank by Con
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
BIRTHPLACE (State or country) - Machany	Contributory Secondary (Duration)
10 NAME OF GLORGE Jones	(Signed) itraute
11 BIRTHPLACE	1929 (Address)
OF FATHER (State or country)  Mary land	*State the Discase Causing Death Violent Causes, state (1) Means of I
12 MAIDEN NAME OF MOTHER TOWN MELES	Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrs,mosds.
(State or Country)	Where was disease contracted, if not at place of dea.h?
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant)	19 PLACE OF BURIAL OR REMOVAL
(Address) Chestertom. 6,	A andal Inettona
5 /11.23 3-12-W-1.1M	20 UNDERTAKER
Filedally 3. 1921 In fully Registrar	asbury thenry

If more banks are needed, addre.s State Registrar, 16 W. Saratoga S., Balto., Requesting V. S. No. 1.

#### 09718

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

_			
St.:	*****	 Ward)	,

(If death occurred in a hospital or institu-tion, give its NAME ir-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH	1
16 DATE OF DEATH aug	. 1st	, 1930
(Month)	(Day)	(Year)
I HEREBY CERTIFY, That I a	ettended the c	leceased from
that I last saw he alive on the		, 192,
and that death occurred on the date stat	ed above, at	nı,
The CAUSE OF DEATH * was as follows:	lin.	
Wishood & Cor	1 acc	
		7
	Law to	mosde.
(Duration)	y18	mosde.
Contributory		
(Duration)	1	mosde.
(Simula Trank W	211 - F	1
	ulul	M. D.
My 1- 1923 (Address) UM	nu	
*State the Discase Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in d Injury and (	eaths from 2) Whether
1B LENGTH OF RESIDENCE (For Hos	pitals, Institu	itions, Trans-
At place of deathyrs	he itateyrs	nıosds,
Where was disease contracted, if not at place of dea.h?	<b>~~~</b>	
Former or usual residence	***************************************	
19 PLACE OF BURIAL OR REMOVAL	DATE O	F BURIAL

No. 00

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocwhatever, write None. tired 6 yrs). business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houseen at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of r," etc., Foreman; (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single werd or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Salesman. Locomotive engineer, duties of the 3 Grocery,

Streement of Cause of Death—Name, first, the DISEA. 2 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrost inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

V. S. No. 1

1PLACE OF DEATH	\$3900 STATE OF MARYLAND
County Co	CERTIFICATE OF DEATH
new Ol of.	Registration Dist. No. 202
Village or City Wesler Course (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Non Go suph B Cou	Tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale. While Single. Married. Monalds or DIVORCED.  Write the word	16 DATE OF DEATH 3 , 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1/2 km 200 1878	De 19 1928 to Nov 3 , 1934
(Month) (Day) (Year)	that I last saw h' alive on Nor 2 , 193,
7 AGE IFLESS than	
J. J. yrs. J. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION 918.	Parial Menny
particular kind of work	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) General nature of industry	· · · · · · · · · · · · · · · · · · ·
business, or establishment in which employed or (employer)	(Duration) J
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF TAMES TO THE TAMES T	(Signed) (Signed) (Duration) hardens M. D.
M 11 BIRTHPLACE	Ar 3 19 c. (Address)
OF FATHER  Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  L  A  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
M. B. S.M.	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Whoole aim mit	Wesley tappel 160. 3 , 1930
15 Filed Mod 3 1930 Mr J Hacks	29 UN DERTAKEN ADDRESS
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

.whatever, write Nonc. tired 6 yes). For persons who have no occupation Spinner, (b) Cotton mill; (a) Solesmon, (b) should be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foruman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Plonter, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Locomolive engineer, Grocery;

Strtement of Cause of Death—Name, first, the DIS.—
EARLY OVERING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

cas fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, "PUERPERAL scplicaemia," "PUERPERAL perilonilis, "E:haustion," "Heart failure," Haemorrnage,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJU., Y State cause for which surgical operation was under-(secondary Chronic Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Carcinoma, Sorcoma, etc., of interstitiol nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic affection need not be etc. The contributory valvular heort Nomenclature disease

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME it stend of street and relon number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH WIDOWER OR DIVORCED (Write the word) may 6 DATE OF BIRTH (Year) (Month) that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH \* was as follows: Three hours later I day hrs. or min.? OCCUPATION (a) Trade, profession or 20 particular kind of work a (b) General nature of industry d usiness, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) be EA DO 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in ENT Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) tate CU2 13 BIRTHPLACE In the At place OF MOTHER State.....yrs.....mos. of death ......yrs ........ds. (State or Country) Where was disease contracted, if not at place of dea.h?... BEST OF MY KNOWLEDGE shoul Every it CIANS statement Registras if more b.anks are needed, addre.s Ltate Registrar/16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-,, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage," inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid aecident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Exhaustion," "Heart when," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilwoy train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory

PLACE OF DEATH County / LINE	O1780 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City near Kennecksprille	Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Thornas H. 2	rolloy number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Mingle Widowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH Jreb 22nd, 1900  (Month) (Day) (Year)
6 DATE OF BIRTH  100- 17 , 1887	17 I HEREBY CERTIFY, That I ettended the deceased from  192 to 7/64 2 2, 192 6  that I last saw h 1072 alive on Fig. 64 2 2, 192 6
(Month) (Day) (Year)  7 AGE  H2 yrs	and that death occurred on the date steted above, at 10 Am.
B OCCUPATION (a) Trade, profession or particular kind of work	acute Indigestion
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Androne Joseph de.
9 BIRTHPLACE (State or country)  10 NAME OF	Secondary (Duration) yra
FATHER James mally	(Signed) M. D.  File 24 198 (Address) Still Pond
OF FATHER (State or country) Freland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia Mury	18 LINGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE (OF MOTHER (State or Country) Incland.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Joseph E. Magrogan (Address) Lynch. Wid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Febr. 25, 19 3.0
15 Filed Fey 2 4 1980 Milelaula Registras	20 UNDERTAKER GOOD Church K

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to c.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer, (6) Grocery,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on tclanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Com2," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Nomenclature etc., or

PLACE OF DEATH  County C	O1781 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 200
Village or City Masse (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED MINOR OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH # 7, 19 <b>3.0</b>
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That Lattended the deceased from 1976 to Fib. 7 , 1928 , that I last saw him alive on Fib. 6 , 19278,
7 AGE    S mos. 5 ds.   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Adjus Selumi & Chum
9 BIRTHPLACE (State or country)  10 NAME OF THE STATE OF	Island Myhater (Duration Level Is mos do. (Signed) Martin Museum M. D.
on 11 BIRTHPLACE That Mansfuger	2/8 1906 (Address) melinghin My
Z (State or country) Rollsburn Rd.  12 MAIDEN NAME OF MOTHER (1)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)  Guenton Ma	ients or Recent Residents)  At place of death 1 yrs
(Informant) Mahl & Mulsburger	former or usual residence  DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) hung	Masses Ma Feb 10- 108
Filed 2/8 1920 Mr. Brice Registrar	Delling for Mulling for the
If more branks are needed, addres State Registras	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more process. Taborer, Eaborer, Laborer, Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure, naemorrnage, "Shock," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart affection etc. The contributory need not be disease;

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK--THIS IS A H WRITE

V. S. No. 1

Exact

PLACE OF DEATH	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
	Registration Dist. No. 204
	F.O.#   St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME XILLIE Alass	stood of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Lol. SINGLE, MARRIED, WIDOWED. OR DIVORGED (Write the word)	16 DATE OF DEATH Sprif 18 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH Oct 8 , 1884	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I lost saw har alive on 1997
7 AGE [IfLESS than	end that death occurred on the date stated above, at
46 yrs. 6 mos. 16 de. or min.?	The CAUSE OF DEATH * was as follows.
B OCCUPATION (a) Trade, profession or Alexander	exactabiling)
particular kind of work	
business, or establishment in	(Duration) yre. / S. mos de,
which employed or (employer)	Contributory Not certain of any
9 BIRTHPLACE (State or country)	Secondary (Duration) Transmosds.
10 NAME OF Arthur Rasin	(Signed) 18 192 O(Address) Bleech Long As
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Service Swelly	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER  1 - Pan Marie	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death
you, Henry Agence	Former or usual residence
(Address) Horton MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	20 UNDERTAKER ADDRESS
Filed 192 Registrer	TR Thicks Chastentrins
If more branks are needed, addra.s State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeanous as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, approved (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train— (secondary "Atrophy," "Collapse, by Committee on or intercurrent) Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory affection need not be valvular heart Nomenclature Measles; disease;

V. S. No. 1

2

PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200
Village or City Salues (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May 3/1, 19230  (Month) (Day) (Year)
6 DATE OF BIRTH  8 , 1863  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 30, 1983 to May 31, 1927 0, that I last saw h & alive on May 31, 1921 0,
7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establiahment in which employed or (employer)	(Duration) Dors left model 30.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Contributory Secondary  (Duration)  yrs  mos  ds.  (Signed)  *State the lisease Causing Death, or, in Volent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  OF MOTHER  OF MOTHER  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where we disease contracted.
(Informant)  (Address)  (Address)  Filed Mus. 21, 1980  Filed Mus. 21, 1980  Filed Mus. 21, 1980	Where was disease contracted, if not at place of dea.h?  Former or usual residence  1971 CE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  DDRESS
Fred Registrai	, 16 W. Saratoga St., Baly., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The ques-Statement tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emldborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician. Compositor, to report Foreman, For many occupations a (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons enof Occupation-Precise statement of oc-For persons who have no occupation npositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapmeumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopniumonia (secondary), stated unless important. Example: Mcasles (disease Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary or intercurrent) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock," Chronic affection need not be etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD NANENT MARGIN RESERVED FOR BINDING NLY, WITH UNFADING INK--THIS IS A P. WRITE P V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County TION	CERTIFICATE OF DEATH
WITHIN CORPORA LIMITS OF	Registration Dist. No. 202
Village or City & hester pun (No.	St.: Ward) (If death occurred in a hospital or institu
6 · W	PCH stead of street and
2FULL NAME 1/2004 COMPANY	1. M. Hammy number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX  4 COLOR OR RACE  MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Novembra /5 , 1930  (Month) (Day) (Year)
6 DATE OF BIRTH	17 L HEREBY CERTIFY, That I attended the deceased from
Dept 2, 1922	Ul 25 1980 to NOW 5 , 1980
(Month) (Day) (Year)	that I last saw her alive on Att 4 1150
7 AGE   If LESS than   I day	
8 yrs. 2 mos. 104 ds. or min.?	
8 OCCUPATION (a) Trade, profession or Solvey 9 mg	acuto Endo curditis
(b) General nature of industry business, or establishment in	(Durstion) vie mos de
which employed or (employer)	Contributory
(State or country) Charles	Secondary (Duration) / yrs., mos. de
10 NAME OF	(Signed) Al Jenge Simmons M. D.
FATHER John H M Mymny	non 1 1929 (Addres) Chestestowny
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Que abell Schauber	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
and Jack Channel	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Alway entrum	thestertown tem 180 18, 1930
15 Filed Nov 17 1920 W V Slecks	20 UNDERTAKER ADDRESS CHUNCH HALL
1f more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimenary relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e.g., Former or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Careinoma, Sorcoma, etc., of Examples: Aecidental drowning; Struck by railway traintaken. For violent deaths state means of injury Chronic interstitial nephritis, American Medical Association.) Whooping cough; ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronie etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

		0686	17	
PLACE OF DEATH		11001	STATE OF	MARYLAND
County Recel			CERTIFICAT	E OF DEATH
man and the same of the	(18	(2)	Registration	Dist. No. 212
Village or City Letter Work			St.: War	d) (If death occurred in a hospital or institu-
2 FULL NAME Daniel Baker	The	Pher	ion	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS		MEDIC	CAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED COR DIVORCED (Write the word)		DATE OF DEATH	(Month)	27, 130 (Day) (Year)
6 DATE OF BIRTH	S EN	ffar to a	CERTIFY, That 1 -	dented the declared from
(Month) (Day) (Y	Sp Pth	titast saw h	TBalive on	and a
7 AGE IIILESS	than and	d that death occu	irred on the date state	ed above, at 8,300 m.
(estimated) I day		e CAUSE OF DEA		*
35 yrs. mos. ds. or	WHY C	cecide	tal Dro	wieng-
B OCCUPATION	6Ny	3-6. 3	10-12.0	in 15 times
(a) Trade, profession or Laborer	6 1 6	7	c eller T	
particular kind of work  (b) General nature of industry ?	N3 0	soldings	a segon is	at resident
business, or establishment in	NIZ	on Lails	& - (Duration)	ediale de la Cal
which employed or (employer) atrection	£ . f	_ 0.		
9 BIRTHPLACE	1 1	Contributory .	, ,,,	•••••••••••••••••••••••
(State or country)	60		(Duration)	yrsds.
10 NAME OF	1	Lto	- L. D.	AC COLIND
FATHER Transferours	Sign (Sig	gned).	00	J. W. D.
11 BIRTHPLACE	h	uce 27, 192	Q. (Address) while	rollerany flat
OF FATHER Z (State or country)	My	*State the Violent Causes, Accidental, Suicida	state (1) Means of	h, or, in deaths from Injury and (2) Whether
T 12 MAIDEN NAME OF MOTHER	126 18	LENGTH OF R	ESIDENCE (For Hos	pitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	AL	ients or Recent I	In t	he tateds.
(State or Country).	N 1	deathyrs		
A. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if	not at place of de	a.h?	***************************************
Jamer, Mite, Prestis Coustr.		rmer or		
(Info/pham)	8 ==	al residence	AL OR REMOVAL	DATE OF BURIAL
Kate Baker M. Pherson	19	PLACE OF BURI	AL OR REMOVAL	0
(Address) excellent the	T Y	tayetter	rele a. J.	ADDRESS W
15 Filed June 27 1930 Wide Hegistr	rai	hus o	Chodd	Cheslevorn
If more bianks are needed, addre.a Ltate Ker	gistrar, 16	W. Saratoga St.	, Balto., Requesting V	. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, Foreman, etc., For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation Furm laborer, Luborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Distance of Using Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital ineningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Inemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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1PLACE OF DEATH	AND STATE OF MARYLAND
	10514 STATE OF MARYLAND
County 2 4st	CERTIFICATE OF DEATH
Q,	Registration Dist. No.
Village or City hollish (No.	St.: Ward) (If death occurred In
P	a hospital or institu- tion, give its NAME in- stend of street and
2FULL NAME Jaysnond C	grans Mukans number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH
Male While OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Luly 20 1931	8 20 1938 to 5 - 1 , 1955,
(Month) (Day) (Yeer)	thet I last saw he alive on 8 - 30 , 197.
7 AGE   If LESS than	The second secon
yrs. mos. de de or min.	
OCCUPATION	dalla and and the
(a) Trade, profession or particular kind of work	Caponia. no a sup
(b) General nature of industry	my you con cong
business, or establishment in which employed or (employer)	mos Muser (Duration) vrs ds.
9 BIRTHPLACE // / > b1	Contributory
(State or country) Luster lown Ma	(Duration) vrs mos ds
TO NAME OF , A M	(Signed) HPGOhelcon U M.D.
11 BIRTHPLACE	8 - 1 192 3 Address) lekeale ten
11 0)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF FATHER  (State or country)  12 MAIDEN NAME	Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hannel Dackslon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place fn the
OF MOTHER (State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of death?
(Informant) Tanni Blackston	Former or usual residence
(Address) Chester Dever MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 6 1/2 22 015 01 11 11	20 UNDERTAKER ADDRESS
Filed DIJA - 1920 UV V JACK	Olle T. Slerke Paraludana
	r, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.
I was a second of the second o	nn J

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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> "Exhaustion," "Heart failure," "Haemorrhage,"
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> "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease;

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08126

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

SINGLE.

MARRIED.

WIDOWED. OR DIVORCED (Write the word)

(Day)

BEST OF MY KNOWLEDGE

(Year)

IIf LESS than l day hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

trude In	elke	Ward)	(If death occurred in a hospital or institu tion, give its NAME in stead of street end number.)	-
MEDICA	L CERTIFI	CATE O	DEATH	
16 DATE OF DEATH			30, 1930	
mar 30	192.317. to	at   atter		2
and that death occurre	d on the dat		bove, at 64 m	?
The CAUSE OF DEATH		Liles		
	**************************************	••••••		
Contributory	Rhu		yrs	
1 1 . 1	(Durati	VIL	ry M.D.	
Violent Causes, state Accidental, Suicidal or	ese Causing e (1) Means			
18 LENGTH OF RESI		Hospital	s, Institutions, Trans-	
At place of deathyrsmos	ds.	In the State	yrsds,	
Where was disease control if not et place of dea.h?	cted,			
Former or usual residence			***************************************	
Stell to	or REMOVA	m C	DATE OF BURIAL	)
20 UNDERTAKER			ADDRESS	

stated EXACTLY, properly classified. ee instructions supplied UNFADING INK--THIS plai carefully importa be EA ation should CAUSE CF D 9 Every Item of Informations CIANS should state CAUSI statement of OCCUPATION

BINDING

MARGIN RESERVED

Village or City

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

(Informant

(Address)

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in

which employed or (employer)

3 SEX

7 AGE

PARENTS

15

**2FULL NAME** 

WRITE No oń.

Registrar If more b.anks are needed, addre.s Ltate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite work; tired 6. yrs). state occupation at beginning of illness. If retired from ployed, us Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Calton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a cr," etc., business, that fact may be indicated thus; Farmer (re-Housemuid: etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compasitor, Architect, Locamative engineer, report specifically the occupations of persons en-Foreman, or At Hame, and children, For many occupations a especially in industrial employments, it is neces-Farm labarer, Laborer-Caul mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Autamobile foctory. The materia single word or term on not gainfully em-Grocery;

Strtement of Cause of Death—Name, first, the DIS-EACE (AUCKING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucunonia; Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcama, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound af head-homicide; Paisaned by "PUERPERAL septicaemia," "PUERPERAL peritanitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculasis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainor as prabably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as (secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not pesses important. Example: Measles (disease for malignant neoplasms); Measles; Chranic "Senile," etc.), "Dropsy, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of Information should be carefully supplied. ACE should be stated EXACTLY, WHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORB MANENT MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK-THIS IS'A WRITE

V. S. No. 1

PLACE OF BEATH	CERTIFICATE OF DEATH
County	Registration Dist. No. 212
WITHIN COMPONE OF CO.	A STATE OF THE STA
Village or City USUR (www.(No.	St.: Ward) (If death' occurred in a hospital or institu-
2FULL NAME Betty M	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13 SEX 4 COLOR OR RACE   SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH OCL- 18, 1930	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw has alive on Jan 1922,
7 AGE III LESS tha	
vrs. / mgs. 27 ds. or min.	
ROCCUPATION	-
(a) Trade, profession or particular kind of work	201-10
(b) General nature of industry business, or establishment in which employed or (employer)	Cw40. (Durstion) yrs. mos 1, de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)
10 NAME OF RATHER Raymond Metcals	(Signed) Challes Wheelake M. D.
OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Violet & Gale	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
me hand Healah - & Tracker of	Former or usual residence
(Informant) / W.S. U. W.C. C. M. Carry	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Chesterland Mich	It raul "sunley lests lec 16, 1930
Filed blec 15 1920 2007. Decks Registrar	20 UNDERTAKER  W. J. Wicks Charles
If more hunks are needed, address State Registr	ar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (o) Foreman, (b) Automobile foctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvont, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Loborer-Cool mine, ctc. Womwithout more precise specification as Doy For persons who have no occupation Stotionary fireman, etc. But in many Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death—Name, first, the pistrease Causing Death (the primary affection with respect) Typhoid fever (never report "Typhoid Pneumonia" ; to time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

permanently filed.

essential and must be obtained before the certificate is

data is essential and must be the correspondence. corbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); *Tuberculosis of lungs, meninges, perilonaeum*, etc., *Corcinoma, Sorcoma*, etc., of ...... (name origin; "Cancer" is less definite; avoid If this certificate is looked over thoroughly and all questions (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease valvular heart disease; etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (ra Housemaid, etc. to report household only (not paid Housekeepers who receive a en at home, Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed mill; (a) Salesman. (b) Grocery Wom-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meusles, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic valvular heart disease; affection need etc. The contributory Nomenclature not be

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PLACE OF DEATH  County Courty	STATE OF MARYLAND CERTIFICATE OF DEATH
Marille Golden Akt a Mary	Registration Dist. No. 201
Village or City Chercle Locus (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OY 5 , 1930 (Month) (Day) (Year)
G DATE OF BIRTH  (a) (h) (Day) (Year)	that I last saw h alive on 1987
6 2 yrs. 8 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry ousiness, or establishment in which employed or (employer)	Charte reflection (Duration) (Duration) de la constant de la const
9 BIRTHPLACE (State or country) Maryland,	Contributory Secondary  (Duration) of the most description of the most descrip
TATHER VSO SCHOOL OUNS  11 BIRTHPLACE OF FATHER (State or country) Wary Could	*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (Ntate of Country)  Mary Care de	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Francients or Recent Residents)  At place of deathyrs
(Informant) Secure Dons	Where was disease contracted, if not at place of des h?  Former or usual res.dence
(Address) May 27 1930 Ul To Alecks Registral	Chesterour Nd May 28, 1930 20 UNDERTAKER L BOODE Chestertour
If more banks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective cl worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Wommany occupations a single word or term on without more precise specification as Day Salesman, 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E:haustion," "Heart failure," "Haemorrhage," "Shock," st\_ted unless important. Example: Megsles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonid (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic affection need valvular heart disease;

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V. S. No. T/

PLACE OF DEATH	GORGE STATE OF MARYLAND
County / Cly	CERTIFICATE OF DEATH
The state of the s	Registration Dist. No. 20/
Bottostina	
FULL NAME Filliam Br	St.: Ward)  St.: Ward)  (If death occurred is a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lamale H. Sex   4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVERSED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH	17   HEREBY CERTIFY, That I attended the deceased from
may 6 1860	ling 10,1930,0 ly 1,19230
(Month) /(Day) (Year)	that I last saw he alive on Cong (1936)
AGE    ILLESS than	and that death occurred on the date stated above, at
70 yrs. 3 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION/ (a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mos W. de.
(State or country) Can Alino Co	Contributory Secondary
10 NAME OF	(Duration) yrg naos de.
FATHER James / Brice	(Signed) M. D.
11 BIRTHPLACE OF FATHER	192 (Address)
(State or country) Neary land	*State the I is ase Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER SUSAN Williams	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
and and o	Former or
(Informant) Harvey Leaves	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Betterton 2nd	Still Pond Cemetery aug 17 1050
Filed Delet 6 19250 Molary	20 UN DERTAKER ADDRESS
Filed Cells 6 19230 Registras	12 Wtellows Still Tond,
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. And

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from greed in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired: 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotion mill; (a) Solesman. nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. work, household only (not paid Housekeepers who receive a er," etc., Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Form loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (sccondary), (secondary or intercurrent) affection need not be stited unless important. Example: Meosles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi of the death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

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2

Village or City Still Fond his	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20   St.: Ward) (If doath occurred in a hospital or institu-
2FULL NAME anna May	Michelson Still Roman and and and and and and and and and a
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Hhise Single, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
G DATE OF BIRTH 23, 1938	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Stephen (Month) (Day) (Year)  1 If LESS than I day hrs. mos. ds. or min.?	and that death occured on the date stated above, at 3. A. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Slill Bow.  (Dysation) yrs. m>s. ds.
9 BIRTHPLACE (State or country) Still fond ned	Contributory Lambana Secondary Duration Was mos de
	(Signed) To Chrill M. D.
C State or country) Cecil Country  12 Maiden Name	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mary C. Sickman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place In the of death yrs de. State yrs de.
(Informant) Mrs. John his below.  (Address) State Of Pond Sud	Former or usual residence
Filed Jan 2 1980 Melash Registras	20 UNDERTAKER  BRITISH STELLOWS  ADDRESS  Still Pond he  16 W. Saratoga St., Balton Requesting V. S. No. 1.

(Approyed by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples : (a) sary to know (a) the kind of work and also (b the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Mever return 'Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Gruery; Wom-

Statement of Cause of Death—Name, first, the DIS-FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); "pyhoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "('Exhaustion,')" "Heart Iailure,
> "('Inanition,')" "Marasmus,')" "Old Age,')" "Shock,')
> "('Uraemia,')" "Weakness,'' etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepses, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary Chronic interstitial nephritis, Whooping cough; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury American Medical Association.) approved by Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Committee on Chronic valvulur heart etc. affection Nomenclature The contributory Always qualify all necd disease; not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

PLACE OF DEATH	04429 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 20/
Village or City Stelf Paul (No) 2FULL NAME Elma Bayers &	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)  7 AGE	that I last saw halve on the date stated above, at 6.30 Rm.
B OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH, * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER Father Grant Of The Parker of FATHER FATHER	(Signed) M. D.  (Address) Chie Cy trun
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  1 OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Meaas of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)  At place of deathyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL DGE  (Informant)  Miss dellie Bernel	Where was disease contracted, if not at place of dea h?  Former or usual residence
(Address) Steel Ford M	Thriend Westing Hause May 2, 1930. 20 UNDERTAKER ADDRESS Checkelong de
If more blanks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

tctanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping ..... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic and consequences (e. g., sepsis, valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	12532 STATE OF MARYLAND
	County Stent	CERTIFICATE OF DEATH Registration Dist. No. 20 2
1	Village or City Cole Total (No. Co. Company (No. Ports	Annon St.: Ward) (If death occurred in a hospitel or institu- tion, give its NAME in- stead of street and number.)
		,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male Jhh Married.  Wisowes.  Or Olvorceo (Write the word)	(Month) (Day) (Year)
	Sels, 1930 (Month) (Der) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from  A 192 (192 192 192 192 192 192 192 192 192 192
	7 AGE	and thet death occurred on the date stated above, at 9 m. The CAUSE OF DEATH * was as follows:
100	(a) Trade, profession or particular kind of work	Mills inflection
T	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos 2 Lds.
	9 BIRTHPLACE (State or country) Md.	Contributory Secondary  (Duration)  yrs
	10 NAME OF THE MESS AND PERFY	(Signed) Harry F. Dodd Cory, M. D.
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother , rene Porter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deeth yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usus I residence
	(Address) la hester town	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Chistertown (left 16, 1930
	15 Filed Oct IV 1980 W.J. Dreeks Registrar	Le has L Rodd Chistofown
	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

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V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
N	County Jew	CERTIFICATE OF DEATH
		Registration Dist. No. 202
I	hat be to the	
	Village or City / Willes Nov	St: Ward) a hospital or institu-
	11/1. 1/1	tion, give its NAME in-
	2FULL NAME // MEAC . CV .	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	Male Oal WIDOWED OR DIVOYED CONTROL (Write yelle word)	1950
	/ made and find the first of th	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Mach, 1907	192 , 192 ,
	(Month) (Day) · (Year)	that I last saw h Walive on 1990,
	7 AGE    If LESS than	and that death occurred on the date stated above, atm,
	2.3	The CAUSE OF DEATH * was as follows:
	BIOCCUPATION Jalents of min.?	
	(a) Trade, profession or	Musury maneurs
K	particular kind of work	
P	(b) General nature of industry business, or establishment in	(Duration) yrs, mos, ds.
U	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country)	Secondary
	Margane	(Duration) Tre
	TO NAME OF	(Signed) Trouselly Smith M. D.
	11 BIRTHPLACE	Dec 24 198 ((Address) Duesterlan
		*State the Disease Csusing Desth, or, in deaths from
	(State or country) Maryland	*State the Disease Csusing Desth, or, in deaths from Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Office Barlan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER	At place of death
	(State or Country)	Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Charles, E. Kelly	ususl residence
	11. 1	19 PLACE OF BURIAL ORIBEMOVAL DATE OF BURIAL
	(Address) Utrilow #	CANTAGON LONGE + Alledo, 1921
	15 51 1 Day 21 103 a DA 4 Weaker	20 UNDERTAKER ADDRESS
	Filed (12) 4 1928 W. J. Registrar	Usle sylthener thesely lows
	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Wallo., Requesting V. S. Ag

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sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitual nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory

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Y PHYSICIANS
Exact statement of

12533 STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No.
St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH CA- 12, 1930 (Month) (Day) (Year)
that I last saw have alive on the date stated above, at the cause of t
(Signed)  181 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 Length of Residence (for Hobpitals, Institutions, Transients or Recent Residents) At place is the of death yrs. mes. ds. Stale, yrs. mes. ds.  Where was disease centrocted, if not al place of death?  Former or usual residence.  19 place of Burial or Removal Date of Burial  Approach, Massa A.  20 undertaker  Address

i more blanks are negled. address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully write None. engaged in domestic service for wages, as Servant, Cook, employed, as Al school or Al home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (relired Housemaid, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, second statement. very important, so that the relative healthful-For persons who have no occupation whatever, various pursuits can be known. The question etc. The material worked on may form part If the occupation has been changed Women at home, who are engaged in Architect, Never Locomotive engineer, return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphtheria (avoid use of "Croud"); Typhoid fever (never report "Typhoid pneumonia"); Lobur purumonio. Hronchopmeumonia ("Pneumonia," unqualified. is indefinite): Tuberculosis of lungs, menta-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated genital," head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Puenteral septichaemia," "Puenteral peritonitis," etc. State cause for which state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deatus etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), (merely symptomatic), The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" ("Con-"Atrophy," acid-probably "Exhaustion," ACCIDENTAL,

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WRITE

V. S. No. 1

(1)	X	r, PHYSI- ed. Exact
	CORD	d EXACTL
INDING	MANENT	hould be state
FOR B	IS A I	. ACE s
N RESERVED FOR BINDING	DING'INKTHIS IS A MANENT CORD	carefully supplied. ACE should be stated EXACTLY, PHYSI-TH in plain terms so that it may be properly classified. Exact

PLACE OF DEATH County Kins	STATE OF MARYLAND CERTIFICATE OF DEATH
R. F. D.	Registration Dist. No. 203
Village or City NOCK A BU (No	St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, married Widowed.  Male White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 to 192 to 195  that I last saw h alive on 192  and that death occurred on the date stated above, at 130 acm
51 yrsmosds. ormin.?  5 OCCUPATION (a) Trade, profession or farmer.	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos_/ Ada
9 BIRTHPLACE (State or country) Md.  10 NAME OF FATHER Edward Plummer	(Signed) Harrey L. Dall Con, M. D. 18 1970 (Address ter Towns Will
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER  OF MOTHER  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos, ds. State yrs mos deserved.
(Informant) Mus Les Plusman	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) ROCK Hall Md	Wesley Chapel Kent loo. Dec 2, 1936 20 UNDERTAKER Md. ADDRESS Volage L. Worth d. loha Ke trupe
	ur, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Without more proving a mine, etc. Wom-laborer, Form laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (o) Solesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Stotionary firemon, etc. But in many For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

BUREAU

tetanus) may be stated under the head of "contributory." stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ss important. Example: Measles (disease ," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions apswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County / UU/	CERTIFICATE OF DEATH
A.	Registration Dist. No. 204
Village or City Haveley (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME LAMILS JEST	tion, give Its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCES WITH THE THE THE THE THE THE THE THE THE T	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lastended the deceased from
(Month) (Day) (Year)	that I last saw bell alive on Much ! et , 1938,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
GM 3 1/4 I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. 4ds. or min.?	- franchischer fra
8 OCCUPATION (a) Trade, profession or	Veffeld Vimplege. For
particular kind of work	Mereful huntered 3rd
(b) General nature of industry business, or establishment in	attack. 3.
which employed or (employer)	(Duration) yrs mos da,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Duration) yrs mos, ds,
FATHER J. P. Thine	(Signal) M. D.
11 BIRTHPLAGE	Much. 1981 (Address) allemans
OF FATHER Z State of country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANE AT ATRICAL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER W	At place of death
(State or Country)	Where was disesse contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Man A. J. Trice	usual residence
(Address) Allestetom 12 mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Man 1 301 2 1 1 Louth	20 UNDERTAKER ADDRESS
Filed 1920 - Registrar	The to eyoud founds that
If more branks are needed, address State Registrat	, 16 W. Saratoga St., Baltor, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more present an ine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-- Every Item of information should be carefully supplied. ACE should be stated EXACTLY PHYSI-CORD MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK--THIS IS A H MANENT WRITE V. S. No. 1

PLACE O	,		1),	() (O SINI	E OF MAI	RYLAND
County St	2rd	-0000000000		CERTIF	FICATE O	F DEATH
	1 -1		44	Reg	istration Dist.	No. 70
Village or City /	Sellston	(No		St:	a l	f death occurred i
<sup>2</sup> FULL	NAME // Il	lam R	ingold	bruce	ste	n, give its NAME ir ad of street an mber.)
PERSONA	L AND STATISTICA	AL PARTICULAR	RS	MEDICAL CERTIF	FICATE OF C	DEATH
Male 4	74	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	The 16 DATE OF	· · · · · · · · · · · · · · · · · · ·	nus g	7 , 198 C
6 DATE OF BIRTH	-ma	130	856 mon	HEREBY CERTIFY,		
•••	(Month)	(Day)	(Year) that I last so	aw h alive on	Mir	1 28, 1030
7 AGE	73			th occurred on the		re, atm
7	V vrs. +1 mo		y hrs. The CAUSE	OF DEATH * was as	follows:	Tours
(a) Trade, profes particular kind o (b) General natur	f work	ed Gass	ner			3
(a) Trade, profes particular kind of (b) General natural business, or estab which employed	re of industry blishment in or (employer)		Contribut		ation)yrs	3 mosda
(a) Trade, profest particular kind of the control o	re of industry colishment in or (employer)	y. 60	Contribut	Dury (Dur	ation) yrs	3 mosda
(a) Trade, profer particular kind of the particular the particul	f work / WAY  re of industry  plishment in  or (employer)  //  //  //  //  //  //  //  //  //		Contribut Seconda (Signed)	(Dut	alion) yis	mos,da
(a) Trade, profer particular kind of (b) General nature business, or establishments, or e	of work /// // // // // // // // // // // // /	y. 60	Contribut Seconda (Signed)	the Disease Causicauses, state (1) Me, Suicidal or Homicidal.	ng Death, or, ans of Injury	in deaths from and (2) Whether
(a) Trade, profer particular kind of particular kind of the particul	f work / MAY  re of industry  blishment in  or (employer)  //  //  //  //  //  //  //  //  //	y. 60	Contribut Seconda  (Signed)	the Disease Causinauses, state (1) Me, Suicidal or Homicidal.  OF RESIDENCE (F. decent Residents)	Death, or, ans of Injury or Hospitals,	in deaths from and (2) Whether
(a) Trade, profer particular kind of (b) General nature business, or establishments, or e	f work / MAY  re of industry  blishment in  or (employer)  //  //  //  //  //  //  //  //  //	y. 60	(Signed)	the Disease Causinauses, state (1) Me, Suicidal or Homicidal.  OF RESIDENCE (F. decent Residents)	Death, or, ans of Injury or Hospitals,	in deaths from and (2) Whether
(a) Trade, profer particular kind of the particular the particul	f work / LANGE of industry oblishment in or (employer)  Y / Klashuse  E Mashuse  Manuary  Kentry) / Electrical of the control	of Co glow br nt Co Sungo t Co	(Signed)	the Disease Causicauses, state (1) Me, Suicidal or Homicidal.  OF RESIDENCE (Figure 1) Control of the Control o	Death, or, ans of Injury  or Hospitals,  In the State	in deaths from and (2) Whether
(a) Trade, profer particular kind of the particular than the particular th	f work / LANGE of industry olishment in or (employer)  Whashest of the mary / Length of the m	of Co glow br nt Co Sungo t Co	(Signed)	the Disease Causing Suicidal or Homicidal.  OF RESIDENCE (Fleecent Residents)  Ors	ng Death, or, ans of Injury or Hospitals, In the State	in deaths from and (2) Whether institutions, Trans

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Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Doy (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation (a) the kind of work and also (b) the Salesman. -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitiol nephritis, ..... (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all Examples: A ccidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUKY Chronic valvular heart diseose, Example: Meastes (disease etc. The contributory Meosles ;

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No St.:.... Ward) (If death occurred in a hospital or institulon, give its NAME instead of street and mumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceas BINDING 8 DATE OF BIRTH that instruction (Month) (Day) (Year) and that death occurred on the data stated above, at ............ 7 AGE If LESS than I day ..... hrs. ..ds. or .... min. ? See 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry UNFADING business, or establishment in (Duration) ... which employed or (employer) Contributory BIRTHPLACE C Secondary (State or country) EA MARGIN a 10 NAME OF FATHER 0 II BIRTHPLACE ENT OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Heans of injury: and (2) whether 0 (State or country) Accidental, Suicidal or Homicidal. 2 12 MAIDEN NAME ⋖ 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 0000 13 BIRTHPLACE In the At place OF MOTHER of death .... yrs. . . mos. . . . . da. State, ....yrs......mos. (State or country) Where was disease contracted, if not at place of death?.... statement Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 4 Registrar if more blanks are needed address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S No. 1.

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state occupation at beginning of illness. If retired from honsehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesor given up on account of the DISELSE CAUSING DEATH. gaged in domestic service for wages, as Scruant, Cook, ployed, as At \*chool or At home, ( are should be taken definite salary), may be entered a Housewife, House Never return "Laborer." "Foreman," "Manager." "Deal-Frinner. (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Plantor, cupation is very important, so that the relative health-Whatever, write None. business, that fact may be indicated thus: Farmer House muid, etc. to report specifically the occ pations laborer. Farm laborer, Laborer-Craf mine, etc. Womworked on may form part of the second statement (4) Foreman, (b) Automobile factory. The muterial should be used only when needed. As examples: (a) Civil engineer, Stationary fremen, etc. Physician, Compositor. Architect, Locomotive engineer, tion applic, to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation Precise statement of oc-For many occupations a single word or term on 01. yrs.). at Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the For persons who have no occupation If the occupation has been changed of persons en-But in many

Beament of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epklemic carehrospinal meningitis"): Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid insummenta.")

ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conseand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicuemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite discase symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the Posioned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. State cause can be ascertained as the cause. Always qualify all rhage," "Inanition." "Murasinus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsions." "Debillty" ("Congenital," "Senile," etc.), ary), 10 ds. use of "Tumor" for mallguant neoplasms); Meastes; ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuderculosis of lungs, mon-inges, peritonacum, etc., Curcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease; -acodent: Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURIE for which surgical operation was under-Never report were symptoms or terminal (Recommendations on state-"Ашаетіа" "Соша," "Соп-(disease (second-(merely

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PLACE OF DEATH	O5680 STATE OF MARYLAND CERTIFICATE OF DEATH
A	Registration Dist. No.
Village or City Mullingha No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
M—————————————————————————————————————	that I last saw halive on, 192,
7 AGE  Affle Proce   If LESS than I day hrs. or min.?	
B OCCUPATION (a) Trade, profession or barticular kind of work	Mill-tone (42 Minch)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)  Ma.	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF FATHER Day Prins	(Signed) Munt Brief M. D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in State from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Cornelium	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs description descript
(Informant)  (Informant)  (Informant)	if not at place of dea.h?
(Address) Milelington	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5/17, 1925.
Filed 5//7 19270 Mr. Buer	Frather Mullington Me
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy laborer, Form loborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never rcturn "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enlaborer, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Locomotive engineer, But in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic affection need etc. The contributory valvular heart Nomenclature of the Always qualify all " Shock, not be disease;

V. S. No. 1

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	KACTLY, P	ciassified.	ete-
	e stated E)	e properly	of certific
	a pinous :	at it may be	s on back
	pplied. ACE	rms so the	instruction
	N. B Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifled. Exact	statement of OCCUPATION is very important. See instructions on back of certificate-
	nould be ca	OF DEATH	s very impe
	rmation st	te CAUSE	PATION I
)	em of info	should sta	nt of Occi
	Every it	CIANS	stateme
	Z		

	6553
PLACE OF DEATH	STATE OF MARYLAND
County New	/ 45 CERTIFICATE OF DEATH
h + n	Registration Dist. No. 202
Village or City Wood Willow China 2FULL NAME THE CHINA	Ward)  Start  Ward)  (If death occurred in a hospitel or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEY A COLOR OF PACE 5 SINGLE,	16 DATE OF DEATH
Juill I with Wilowed (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
September 6, 18	60 1929 to fill 1929, 1931,
	thet I lest sew halive on 1921,
7 AGE III LESS	
69 yrs. 7 mos. 6 ds. or	
8 OCCUPATION (a) Trade, profession or Naucewall particular kind of work	Mulinalarcenoma
(b) General nature of industry	(Duration 7 vrs 3 mos ds.
which employed or (employer)	Contributory Ofrome Proceedites
9 BIRTHPLACE (State or country) Mugdand	Secondary (Duration) / Transcondary
FATHER Thu Lewin Deed	(Sigled Trank A Juitt M. D.
11 BIRTHPLACE OF FATHER (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME CARRIETT Poton	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country)	At place In the State
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at plece of dee.h?
(Informant) Blus A Rasur	Former or usuel residence
(Address) Morton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Day 26, 1932
Filed Jan 24 1920 MJ. Dreet	
If more blanks are needed, address tate Re-	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise sperimental laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Traemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," stated unless important. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condietc. The contributory

V. S. No. 1

PLACE OF DEATH County New Co.,	09367 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. N
Village or City Millington (No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Widower, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Qug. 21, 1930  (Morrel) (Day) (Year)
6 DATE OF BIRTH  Opil  (Month)  (Day)  (Year)	that I last saw halive on, 192,
7 AGE 77 yrs. 4 mos. 10 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Competency - How compaces the
which employed or (employer) " " " " " " " " " " " " " " " " " " "	Buributgry Pulsermary Gungestin
10 NAME OF Benj. Reed.	(Signed Larry L. Dold, Car, M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Revers. Hetherington	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of death
(Informant) Sedgwick -	if not at place of dea.h?
(Address) 3198. Heald St. Wilmighn Do	1. Crumpton, Md. Date of BURIAL Org. 24, 1930
Filed ang 22-1930 Merritt Porice	John a. Tobington Millington ma
If more banks are needed, address tate Registra	ar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housecases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

carbolic acid-probably suicide. The nature of the injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," "Heart failure," "IIaemorrhage, "Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on Chronicetc. valvular heart Nomenclature of the The contributory disease;

00

PLACE OF DEATH County CAN	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City & Muster from (No	St: Ward)  St: Ward)  (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mch 29, 1930
6 DATE OF BIRTH  (Month) (Dsy) (Year)	Herry CERTIFY, That fattended the deceased from  Meh. 122 1920. to Moline 29 , 19230  that Last saw h & alive on Mah. 29 , 19230
7 AGE  S yrs mos. 26 ds. or min.?	and that death occurred on the date stated above, at 192m.  The CAUSE OF DEATH & was as follower for fore case was about the beath of Cope and was
(a) Trade, profession or House Wife particular kind of work	and failed through or sight to ext
b) General nature of industry business, or establishment in which employed or (employer)	Contributory in a fine hore, and the
10 NAME OF FATHER PLANEY BONNETT	(Signed) Harry L. Dula Cor, M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Etta Will  13 BIRTHPLACE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place In the
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yis mos. ds. State yrs ds. State hor at place of dea h?
(Informant) Rue 10 THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Glusferfour	Physical or removal DATE OF BURIAL OF BURIAL 1980
15 Filed Mar 3/ 1930 M.J. Dicker Registras	W= H Good Church Hill
lf more blanks are needed, addre.s State Registra	1, 18 W. Saratoga St., Balon Requesting V. S. No. 1.  * Information Deserter and I plan the Woodal Parenter of yellow the Carbon Strandary the of yellow the control of yellow the control of the control of yellow the yellow the control of yellow the yell

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimentum as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomolive engineer,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Haemorrhage, tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Com2," "Convulsions, perilonaeum, etc., Carcinomu, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronicetc. valvular heart Nomenclature of the The contributory disease; not be

(. S. No. 1

PLACE OF DEATH County	10515 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Sussafras, (No	St.: Ward) (If death occurred in a hospital or institu- tion, give Its NAME Ir- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS  B SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  Self 26, 1930  (Nighth) (Day) (Year)
6 DATE OF BIRTH  (Cironth) (Day) (Year)	that I last saw ham alive on Supplemental (Day) (1981).
occupation (a) Trade, profession or particular kind of work (b) General nature of industry	and that death occured on the date stated above, at #30 pm. The CAUSE OF DEATH * was as follows:
usiness, or establishment in which employed or (employer)	Contributory Secondary  (Duratton) yrs. mos. de
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Informant)  (Address)  Filed SM, 28 1930  GARAGE  (Address)  (Address)  (Address)  (Address)	if not at place of death?  Former or usual readence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  20 UNDERTAKER  ADDRESS  WALL  ADDRESS
Filed Me 26 1920 Registrai	Am Julism - The

If more b.anks are needed, address Etate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farm state occupation at beginning of illness. If retired from should be used only when needed. additional line is provided for the latter statement: it sary to know or the hild of work and also & the nature of the business or industry, and third to an the first line will be sufficient, e.g., Fermer or Planter, Physicien, Communities, Architect, Loromovice engineer, fulness of various pursuits can be known. The quescupation is very im orient, so that the relative health gaged in domestic service for wages, as Servant, Cook, Spinner, tion applies to each and one y Statement of Occupation Trecise statement of ocwhatever, write None or given up on account of the DISEASE CAUSING DEATH. played, as Al school, or At home. Care should be taken how-chold only (not paid Housekeepers who receive a wor'rd on may form part of the second statement. Agreementary "Labsorer," "Foreman," "Manager," "Deal-Civil onginee, Nationery for man, et . Housemaid, etc. Physics on. with or At Home, and children, not gainfully emut hine, who are engaged in the duties of the report specifically the occupations of persons enespecially in in luncial employments, it is neces-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day Con josi'or, Archi'ect, fact may be indicated thus; Furner (a. For persons who have no occupation to None. If the occupation has been changed Laborer--Coal mine, ctc. person, irrespective of man, b traces But in many

fever (the one definite syn aym is "pidemic cerebrospinal menticatio"); Diphth: in avoid use of 'Croup''),
Typhoid fever (never rap r( "Typhoid Definition")) to time and causation, in gaiva, sthe same accepted term in the same definite syn nymis "bideen" spinal meninglish"): District syn nymis "bideen" Lobar moumoniz. Branchopnerumania ("Pneumonia."

obtained before the certificate is

That red in detail, it will prevent further correspondence.

Quanta as essential and must be obtained before the correspondence. or approved (Recommendations on reatement of cause of "(Exhaustion," "Heart Ianue,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritoritis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "As henia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse." "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Messles; . . . . . (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, carbolic acid-probably sweade. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HO HICH State cause for which surgical operation was undercan be ascertained as the cause. Always qualify : Il Whooping as fracture of skull, and consequences e g., se, se, se, caunus) may be sated under the head of "contributory". accident; Revolver wound of head Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury (secondary unqualified, is indefinite); Tuberculosis of lungs, men-It tils certificate is looked over thoroughly and all que tions death), 29 d :; Bronchopneumonia (seconcary), interstitud nephritis, by Com...ittee on Nomenclature of the cough, Chronic or intercurrent) affection need not be valvalar heart disease; etc. -homicat; The Sarcoma, contributory Poiso, ed by etc., of

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK-THIS IS A H WRITE

V. S. No. 1

PLACE OF DEATH	14236 STATE OF MARYLAND
County / Clef	CERTIFICATE OF DEATH
7/	Registration Dist. No. 202
Village or City Norlow (No. 100) 2FULL NAME Camily Jan	e Cause Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX . 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
Yeurs With the OR DIVORTED SAN	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(lequat. 21, 1849	MAV . 20 19230. to MAV . 30 , 1930.
(Month) (Day) (Year)	that I last saw h Lalive on 100, 30, 1925 L
7 AGE	
8/ yrs. 3 mos. 2/ ds. or min.	The CAUSE OF DEATH * was as follows:
S OCCUPATION	Toler on the man dela with
(a) Trade, profession or	april and the second
particular kind of work	General Orlino Sallivaio
(b) General nature of industry business, or establishment in	(Duration) Vyron mos de.
which employed or (employet)	Til-nous le deuce
9 BIRTHPLACE (State or country) Warnland	Contributory Secondary  (Duration)  Vrs. mos. 3 ds.
10 NAME OF	(Signed) Tranker Luett M. D.
FATHER Villaney Passie	Mr 30 1921 (Address) Clustellar .
OF FATHER Z (State or country)  Macyland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TI 12 MAIDEN NAME /	Accidental, Suicidal or Homicidal.
of MOTHER May Nick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the State yrs mos ds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) Tout Route	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) briles	Still Found and Dec 3, 1930
15 Filed De 3 1920 W V Alleker Registrar	20 UNGERTAKER Still Pondy
If more branks are needed, addre a State Registre	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Luglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, ctc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart range," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MANENT MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK-THIS IS A I WRITE

	PLACE OF DEATH	STATE OF MARYLAND
	County J. J. A. A. J.	CERTIFICATE OF DEATH
	near And the	Registration Dist. No. 263
ate.	Village or City (No.	St.: Ward) (If death occurred in a hospital or institu- tion, gits NAME in- stead of street and
ific	2FULL NAMECEMUYA	number.)
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	4 COLOR OR RACE  SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH NOV 20, 1930
q uo	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
00	Fel 1 1836	howing 192 g. to how 20 , 199 0.
struction	(Month) (Day) (Year)	that I last saw h horalive on war. 20 , 1920,
ruc	7 AGE   If LESS than   I dayhrs.	The state of the s
nst	yrs. 2 mos. 0 ds. or min.?	2 Paralisis F. 1
See	(a) Trade, profession or House Wife	Dal Neurts Georbie
-	(b) General nature of industry	
rta	which employed or (employer)	(Duration) yrs. mos 2 ds.
dul	9 BIRTHPLACE (State or country) Waryland	Contributory Secondary  (Duration)  yrs. mos. ds.
very	10 NAME OF Catel Willis Townson	(Sened) (Solly) M.D.
2	OF FATHER	Marcol 1920 (Address) (1920) (Address) (Addres
0	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A	of MOTHER LOW TO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
200	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In the Stateyrsds,
2	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diaesse contracted, if not at place of dea.h?
ne	(Informant) James & Rowe	Former or usual residence
atem	(Address) War Rock Hally	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL WORLD 1930
100	15 Filed 11/21 30 B. Lew Druding	DR Tellow Stillfond
	If more banks are needed, address State Registras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an additional line is provided for the latter statement; it cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 9 The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart range," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o telanus)-may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

V. S. No. 1

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PLACE OF DEATH	(1443() STATE OF MARYLAND
County Level CO	CERTIFICATE OF DEATH
	(31) Registration Dist. No. 202
Village or City Chesleloem (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Daniel Ce. Ros	tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colord (Write the word)	16 DATE OF DEATH CAPULTY, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Feb. 20 1851	10 1980, to wer 7, 1980,
(Month) (Day) (Year)	that I last saw handlive on Jer J., 1920,
7 AGE   If LESS than	and that death occurred on the date stated above, at
about 79 yrs. 2 mos. I ds. or min.	The CAUSE OF DEATH * was as follows: In Loven Corn
OCCUPATION	7
(a) Trade, profession or facult facult	00 1 m 0001 0144444 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) General nature of industry business, or establishment in	Koch (cura
which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country) Queen auce Co. Md.	Contributory Secondary
10 NAME OF	(Duration) yrs
FATHER Donnel Royal	(Signed) M. D.
U BIRTHPLACE OF FATHER	Mor 7 198 Q (Address)
Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER LEW Secon	18 LINGTH OF RESIDENCE (For liospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Maryland	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEAT OF MY KNOWLEDGE	if not at place of dea h?
Malala Strickli	Former or usual residence
(Informant) Starrelle Stucklen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Chestletown Ma.	Pheslector Md. april 10, 1930
15 Filed april 10 1930 W.J. Necks	20 UNDERTAKER ADDRESS Chastertown M.
If more banks are needed, addre a tata Keristrar	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. I.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesbusiness, that fact may be indleated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, borer, Farm laborer, Laborer—Coal mine, etc. Womreport specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia acreptos. inal menin\_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"



diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st\_ted unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart etc. The contributory Nomenclature of the disease; not be

S. No. 1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 202
Village or City Justice Tour No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED, MARVIER OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE    If LESS than   I day hrs.   1 day hrs.   7 ds.   or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	heart of thoras beach do.
9 BIRTHPLACE (State or country) Mary Cared	Contributory Secondary. (Direction)
11 BIRTHPLACE OF FATHER (State or country)  12 MALDENNAME  OF MALD	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Maryland Frague  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yes mos ds.  Where was disease contracted,
(Informatic one Davies Recesel	from et place of dea.h?
(Addres Phatertonen, Med.	Chestertoun Md. June 6, 1030
Filed Sure 6 1920 W.J. Hicks	le nas h World Cheslectour
If more banks are needed, addre.s State Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enr," etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Ierer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease

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	N. B.—Eyery item of information should be carefully supplied. ACE should be clans should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back

V. S. No. 1

PLACE OF DEATH	STATE OF MARTLAND
County Stent	CERTIFICATE OF DEATH
CORRORATE LIMITS DR	Registration Dist. No. 202
CITAIN CONTRACTOR	Mill c. Wand (If death occurred in
Village or City le Wisher fown (No	a hospital or institu-
2FULL NAME John la Stutt	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED. WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from 27 1980 to 28, 1980
(Month) (Day) (Year)	that I last saw hamalive on 28, 1938,
7 AGE [If LESS than	and that death occurred on the data stated above, at
7 Byrs. 10 mos. 3 da or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION ROS OCCUPATION	Tulin man in lung
(a) Trade, profession or particular kind of work	
(b) General nature of industry	7
business, or establishment in which employed or (employer)	(Durstion) yrsds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Md.	(Durstion) June 1978
FATHER John le Ruth	(Signed). M. D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah by Trem	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place in the
OF MOTHER (State or Country)	of death yrs mos de. State yrs mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Nos Sheo' & Wood	Fermer er usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Whisher rows	Charter Four Med Leov 30, 1930.
Filed Nov. 30 19230 W Wicks Registrar	lohas L. Woodd. Christer town
If mere branks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

2

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

Detayus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, A merican Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septieacmia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

WRITE

act 1	1PLACE OF DEATH	03080 STATE OF MARYLAND
E W	County ( Dent	CERTIFICATE OF DEATH
7, P		Registration Dist. No. 203
ACTLY lassifi te.	Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
rly o	2FULL NAME Shele britto	stead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	3 SEX 4 COLOR OF RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCE (Write the word)	16 DATE OF DEATH    Month
houl It ma on b	6 DATE OF BIRTH PRANTIL OF A	17 I HEREBY CERTIFY, That I attended the deceased from
nat ons	(Month) (Day) (Y	ear) that I last saw h alive on 192
so thar	7 AGE IFLESS	
ms enstr	yrsmosds. ords.	
supp in ter See i	B OCCUPATION (a) Trade, profession or particular kind of work	Sheebinto
efully In pla tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs ds.
ATH mpor	9 BIRTHPLACE (State or country) Went	Contributory Secondary
F DE	10 NAME OF FATHER BY ALLANDS SAN SANTEN	A (Signed). M. D.
S S	II BIRTHPLACE OF FATHER	192 (Address) William Consideration (Address)
AUS	Z (State or country) (Sect 2	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT PAT	of MOTHER I May Ishden	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
stat CCU	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs ds. State yrs ds.
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho	(Informant) & better	Former or usual residence
ANS Ans atem	(Address) Roch Hace	Wesley Chapel 3/25, 1934
CIA!	15 Filed 3/25 1930 B. Lew Bruden	20 UNDERTAKER ADDRESS
N.	Registry  If more blanks are needed, addre-s State Re	
	If Hiole Digitus are meeded, addices clate we	Practical was the marriada mant married and anti-

(Approved by U. S. Census and American Public Health Association.)

tired 6. yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"; Liphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Sanile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart discase etc. The contributory

S. No.

PLACE OF DEATH	10516 STATE OF MARYLAND
County Alls	© CERTIFICATE OF DEATH
1 D L	Registration Dist, No.
Village or City Le M. EST er Town No.	St: Ward) a housital or institute
2 FULL NAME Francis M. 2	Sti ward a hospital or institu- tion, give its NAME is- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed. Word or Divorced (Write the word)	16 DATE OF DEATH 281, 1930
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
nov 23 , 1849	to Medica College of a. 1826
(Month) (Day) (Year)	that I last saw halive on, 192,
	and that death occurred on the date stated above, at 6130 fam.
80 yrs. 10 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
POSCUPATION /2 and a	(A
(a) Trade, profession or turn of hurchant	augua perara
(b) General nature of industry	Garage Services
business, or establishment in which employed or (employer)	(ds.
9 BIRTHPLACE (State or country) Mod	Contributory Secondary  (Durstion) yrs mos ds.
FATHER Nachan R. Satterfields	Signed Larry L. Dold Carry D. D.
OF FATHER AME!	*State the I is ase Causing Death, or, in deaths from
Z (State or country) Lathan 16, Sattonis	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER avancista Beet	ID LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER 7/1	At place In the of death
(State or Country)	Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of dea h?
(Informant) & has N Safferfuld	usual res.dence
11 + + + 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Q. M. S. / Town J. M. A.	rock Hall my sep 30, 1930
Filed Sept 29 1930 W.J. Neks. Registras	Chas L. Woodd lettester town
If more banks are needed, addre.s Ltate Registrat	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to c.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm loborer, Laborer-Cool minc, etc. Wom-en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "E haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Scnilc," etc.), "Dropsy, "E-haustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of as fracture of skull, and consequences (e. g., scpsis, corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) ..... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train-Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart diseose; nephritis, etc. The contributory Nomenclature

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WRITE	very item
(	N. BE

V. S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County 14 M	09368 CERTIFICATE OF DEATH
hal N 11 41 11	Registration Dist. No. 2 5
Village or City No. (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Jennette Sch	tion, give its NAME II -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fem ay Why Stringle, Married, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH  Month) (Day) (Year)
6 DATE OF BIRTH	17   I HEREBY CERTIFY, That I attended the deceased from
Nov 17 1882	Defot & 1999 to any D , 1930
(Month) (Day) (Year)	that I last saw h Malive on any 15 192
7 AGE   If LESS than	and that death occurred on the date stated above, am.
41 yrs. 8 mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	100 11-11-110 181
(a) Trade, profession or	Jac. Heart orone co
particular kind of work  (b) General nature of industry	Dustilia
business, or establishment in	(Duration)yrs.ffmos_Sds.
which employed or (employer)	Contributory
(State or country) Ballo M.	Secondary (Durgion) yrs. f.f. mos. ds.
10 NAME OF FATHER GALLAN	(Signed) MA JElly M. D.
Lawin Jongens	192 (Address) Kash Roll
OF FATHER  (State or country)	*State the Disease Causing Death, or, In deatha from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Physleth browles	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trung- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Wand	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) fariall behavior	Former or usual residence
Address) Arch Hall	Wesley & house Date of Burial Ling 7, 1936
15 1 8/10 1021 B. Lew Dunding	20 UNDERTABLER ADDRESS
Filed 8/6 1920 13. Tuw Wildling Registras	That I would this terrown
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. I.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stolionary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Flanter, tion applies to c.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm loborer, Loborer-Coul mine, etc. Womwithout more precise specification as Doy For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st\_ted unless important. tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "E.haustion," "Heart failure," "Taemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for inalignant neoplasms); Measles; inges, perilonaeum, etc., Corcinomo, Sorcoma, etc., ot American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy troinor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be set too unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

S. No.

Kxact

PLACE OF DEATH	0554 STATE OF MARYLAND
County NEME	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City/Juflertowy (No.	St.: Ward) (If death occurred in a hospital or institution, give lts NAME in-
2FULL NAME Millison	Devices and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale Cold (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h M alive on 1900,
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
business, or establishment in which employed or (employer)	(Duration) yrs. mos 4 ds.
(State or country) Md	Secondary (Duration) yrs. des.
FATHER SLO Sutter	(Signed)
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MUDIL TOOMS.	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place In the
OF MOTHER (State or Country)	At place of deathmosds. In the Statemosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Las Blackiston	usual res.dence
(Address) World my	But les rown md du /1 1930
Filed 10 1930 W.J. Kuks	ENASI L. Wood d Chestertown
If more blanks are needed, address thate Negistran	, 16 W. Saratoga St., Balto., Lequesting V. Si.o. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebraspinal fever (the only definite synonym is "Epidemia cerebras, inal meningitis"); Diphtheria (avoid use of "Croup"); s, inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) "E.haustion," "Heart Laume,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

properly classified of certificate.

ACE should be stated that it may be propor

be carefully supplied. ACE should be EATH in plain terms so that it may be important. See instructions on back

information should state CAUSE CF DI CCUPATION IS very

Every Item of In CIANS should statement of OC

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Filed

(Informant)

(Address)

PLACE OF DEATH County 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) IIf LESS than 7 AGE I day hrs. B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

(If death occurred in a hospital or institustead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH March	3 , 1930
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I at	ttended the deceased from
March 3 1925 to Mr.	3,1928
that I last saw h and off govern	of 3 = , 1920
and that death occurred on the date state	ed above, at 2 m
The CAUSE OF DEATH * was as follows:	
Stillbarn	
***************************************	PO 19 Tampen 4 a 200 CO 40 CO 40 CO 40 CO 70 CO
(Durstion)	yrsmosds.
Contributory	
(Signed) (Address) Asse	yrs mos ds
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or in deaths from
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitais, Institutions, Trans
At place of deathyrsmosds. In the	ne steyrsmosds
Where was disease contracted, if not at place of des h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 19
20 UNDERTAKER	ADDRESS

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (1) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, 5 whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material & For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6) Grocery;

s; inal meningitis"); Dinhtheria (avoid use of "Croup" Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect ed term for the same dise\_se. Examples: Cerebrospinal to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomtelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations statem approved by Committee on American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train— "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; statement of cause of Example: Measles (disease etc. The contributory Nomenclature Always qualify all

If this certificate is locked over throughly and all questions answered in detail of will pevent by the correspondence. All the data is essential and mut be attracted before the certificate is permanently field.

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Every item conformation should be carefully supplied. ACE swould be start. EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD PERMANENT BINDING AINLY, WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE

No. 1

22

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Ceut	CERTIFICATE OF DEATH
1	Registration Dist. No. 242
Charto tous DTA3	Registration Dist. No.
Village or City Westersoun (No R + D.	St.: Ward) a hospital or institu
2FULL NAME Cou. Ch. Shine	tion, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White SSINGLE, MARRIED, Widoenk OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
sept 4 1844	Hebr. 1928 to afri 25, 1943
(Month) (Day) (Year)	that I last saw h welive on Cafe 1 4 , 192 36
7 AGE If LESS than	and that death occurred on the date stated above, atm.
85 yrs. 7 mos. 2/ ds. or min.?	The CAUSE OP DEATH * was as follows:
8 OCCUPATION	0/ 1 10 40 :-
(a) Trade, profession or Farul (	wrong Farenchique above further
(b) General nature of industry	mathe Carden Hyperkololog.
business, or establishment in which employed or (employer)	(Durstion) 2 0 yrs. mos de.
9 BIRTHPLACE	Contributory
(State or country) lev Oe 2004	Secondary
10 NAME OF	(Duretion) yrs mos de.
FATHER Deupowent - Shew	(Signed) M. D.
IN II BIRTHPLACE	fra 26 19230 (Administration of Mas
OF FATHER  Z (State or country) Week Jersey  12 MalDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eliga Shoot	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Clear Jersey	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
50 1 B SO:	Former or usual residence
(Informant) / Saik . Steine	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Calleloun Md.	Cheterloun afr 27, 103
15 Pl 12/2 20 700 0 11:60	20 UNDERTAKER / ADDRESS
Filed Uprel (#1981) W J CHERG Registrai	Clas. L. Todd Chesterlain

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer, As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> st\_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart etc. The contributory affection need not be disease;

PLA County	CE OF DEATH	10517	STATE OF MA	
	1.1.1	(li-a)	Registration Di	st. No. 262
Village or C	FULL NAME Baby	hippo	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	RESONAL AND STATISTICAL PARTICULARS		DICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE   5 SINGLE,	_	G .	OF DEATH
Just	le who te MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEAT	(Month)	(Day) , 19150
6 DATE OF E	Nest 18 19a	30 DEPT	191 Uto 21	tended deceased from
7 AGE	(Month) (Day) (Year			10/04
AGE.	1 day, hr	S.	occurred on the date st	A .
· ·	yrs. mes. 2 ds. or min.		DEATH * was as follow	NS:
particular ki	profession, or Novil	Tru	uatur 1	Sist
business, or	nature of lodustry establishment in yed (ar employer)		(Burelian)	yre. mos. de.
9 BIRTHPLA (State or	country) Chesterloom Wel	Contributory Secondary	(Buralias)	
	THER Havry D. Thepp	(bengis)	well /3	threes.
S II BIRT	THPLACE FATHER tate or seuntry)  Pure.	*State the I	OHEASS CAUSING DEATH, OF DEATH, OF INJURY; and	in deaths from Violente
C 12 MAI	FMOTHER Lallie Lalvin	18 LENGTH OF RES	IDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS.
OF (St	THPLACE MOTHER Late or country) Ungula		in thede. State	,yremoe. de.
14 THE ABOV	VE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wee disease confi		***************************************
(Informant	1) Harry 1) Supp	Former or usual residence		*
(Add	Iress) be king ley town the	19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
16 Say	h1-20, 1930 205 J AlexA	29 UNDERTAKER	1 Made	ADDRESS
	REGISTRAR  If more blanks are needed, address State Registra	TO DE STATE OF BE	Proved No. 1	Justylow

[Approved by U. S. Census and American Public Health Association.]

Write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. of given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers procise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Lecomotive engineer, Civil ongineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthfulvarious pursuits ean be known. The question For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphilteria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, teknnus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERFERAL peritonitis," etc. State cause for which head-homicide; Poisoned to determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shock," "Uraemia," "Weakness, chopneumonia (secondary), 10 ds. Never report men symptoms or terminal conditions, such as "Asthenia, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," "Col-pma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby carbolic acid-probably "Dropsy," "Exhaustion," Never report mere

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PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
1 mess Ci	Registration Dist. No. 202
Village or City Sustantino.	St.: Ward) (If death occurred in
2FULL NAME Richard Se	Maru) a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, Mapied WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CALL (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Renteriour, 1858	1929 to To Apric 4, 1920,
(Month) (Day) (Year)  7 AGE	that i last saw h 44 elive on Africa 6' 1922.
1 day hrs	The desired of the date stated above, at
yrs. mos. ds. or min.	Asgin
(a) Trade, profession or	A: O T
particular kind of work	Angline Pachone
business, or establishment in which employed or (employer)	(Duration) yrs mos de,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER	(Signed) Ovage W Wyales M.D.
11 BIOTHOLACE	Aprile 9 19 (Address) Checkether my
OF FATHER	
Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) sures stayes	usual residence
(Address) Galeria Md	Davis Will Kent Calla Ceffel 8, 1930
15 Filed Christ 1980 W J Hicks	20 UNDERTAKER SLICKS ASDRESS SLESTENTOWN
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact MANENT BINDING a. FOR INLY, WITH UNFADING INK--THIS IS MARGIN RESERVED WRITE

PLACE OF DEATH	STATE OF MARYLAND
County Kuil	CERTIFICATE OF DEATH
0	Registration Dist. No. 203
Mar Edisville (No.	St.: Ward) (If death occurred i
Village of City	a hospital or institution, give its NAME in stead of street an
2FULL NAME Charles &	Security stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	e 16 DATE OF DEATH
Male White (Write the word)	Dec. 19930
	(Month) (Day) (Year)
S DATE OF BIRTH	1 192 sto 192
aprel 4, 18	81 10 Midical Mindan.
/ (1111)	that I last saw halive on
7 AGE	
4 9 yrs. 7 mos. 37ds. or	***
OCCUPATION	(Interio-selerosis
(a) Trade, profession or Occar Make	
(b) General nature of industry	***************************************
business, or establishment in Autored	(Duration) yrs. mos d
	Contribute cretical Hamorriag
9 BIRTHPLACE (State or country) Mary Raced.	mendiale death
10 NAME OF O	(Signed Larry L. Dold, Car, M. I
FATHER Les. The Secret ,	District Med
OF FATHER VIA COLOR	*State the Disease Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
of Mother Mary E. Hullon	ients or Recent Residents)
OF MOTHER Mary Care	At place of deathyrsmosds. Stateyrsmos,
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Washington & TECT	Bro Isual residence
(Informany) accessed to the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Md Rock Hall Md New 3, 1931
15 - 16/4/ 3/ B. Lew Sunder	20 UNDERTAKERO CO ADDRESS
Filed /2/2/ 100/ 75/ sees 7	10 house & . Noda lettester town
If more highly are needed, address State Re	egistrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Without more record anne, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material For persons who have no occupation not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiwal fever (the only definite synonym is "Epidemic cerebrospimal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease;

If this certificate i lowed over thoroughly and all questions answered in detail, i with prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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t of OCCUPATIO	1
statement of OCCUZATION is very important. See instructions on back of certificate	1

PLACE OF DEATH County Kent	10853	STATE OF M	
County, County		CERTIFICATE	
	(38)	Registration D	Dist, No. 203
Village or City Rock Hall (No.		St.:Ward)	(If death occurred in a hospital or institu-
2FULL NAME DE sele Ella	Suich		tion, give its NAME II - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH	9 / 1	4
Fruole colored (Write the word)		1/	(Day) (Year)
6 DATE OF BIRTH	17 / HEREBY	CERTIFY, That I the	aded the deceased from
april 15 1902	PH.16	1920 . to	1 4 4 , 1903
(Month) (Day) (Year)	that I last saw h	alive on	-14 1950
7 AGE [If LESS than	and that death occur	red on the date stated	above, atm.
1 day hrs.	The CAUST OF DEAT	H * was as follows:	2 2 1 1-1-
2 yrs. 2 mos. 7 ds. or min.?	A THE	m flog	4 Julian
B OCCUPATION (a) I rade, profession or	ance	, and	asery .
particular kind of work	to en	ue	
(b) General nature of industry Housework		(Durstion)	yrs. 1 mos / 4 ds.
which employed or (employer)	Contributory		
9 BIRTHPLACE (State or country) Mary and	Secondary		
1 10 NAME OF		(Durativi)	
FATHER I tarky Theleaus	(Signed)		М. D
0 11 BIRTHPLACE	5/1.15 193	(Address)	carry.
Z (State or country) Mocy loud	*State the In Violent Causes, st Accidental, Suicidal	iscase Causing Death, ato (1) Means of Inju or Homicidal.	or, In deaths from ary and (2) Whether
of MOTHER Hasler Thompson	18 LINGTH OF RE		als, Institutions, Trans-
13 BIRTHPLACE	At place	In the	
OF MOTHER (State or Country) Maryland	of deathyrsn	nosds. State	yramosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse cont		======================================
(Informant) Horbert Seeich-	Former or usual residence		
(Address) Rock Hall Mayland	19 PLACE OF BURIA	0.0	DATE OF BURIAL
TO POLI	20 UNDERTAKER	Mougland	ADDRESS
Filed 9/26 1920 13. Lun Directione	10 hasid	Woodda	Lesledoun,
If more blanks are needed, addre.s Ltate Negistral	, 16 W. Saratoga St.,	Balto., Lequesting V. S.	10.1. Med.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it report specifically the occupations of persons en-Foreman, (b) Automobile For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accented term for the same dise.sc. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Syphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease;

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N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK--THIS IS A WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Kirel-	CERTIFICATE OF DEATH
0, 7	(129) Registration Dist. No. 202
Village or City Ausly Lown No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Majy Pyla S	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemas While Single Wildow Wildows OR DIVORCED (Write the word)	16 DATE OF DEATH 5116 ( , 1982)
6 DATE OF BIRTH  CLUG 31, 1855	that I last saw h & alive on 766, 1923.0,
7 AGE [If LESS than	and that death occurred on the date stated above, at
74 yrs. 5 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or  Particular kind of work	Arterio Schoroco
(b) General nature of industry	aloral
business, or establishment in which employed or (employer)	(Durstion) yrs. (mos. ds.
9 BIRTHPLACE (State or country)	Contributory  Secondary  Les (Durstions Correlations Market Marke
10 NAME OF USM Pyle	(Started) Jacob 13 Halls M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  14 A A A A A A A A A A A A A A A A A A A	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER WE Carry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Mis I due (Parse Ex	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL ADATE OF BURIAL
(Address) (Address)	Aprilia July 130
Filed 7 Eh 7 1930 W.J. Hierry Registrar	20 UNDERTAKER SLICKS ABDRESS ABBRESS
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"A trophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City & Hulls-by(No?	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 2 get, 1943
Company (Year)	17 I HEREBY CERTIFY, That i affended the deceased from 1920 to 1930 that i last saw have alive on 1930.
Jage for the first than I day hrs. or ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER SMILL SMILLS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Stined). M. D.  State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER COMMENTS  13 BIRTHPLACE OF MOTHER CREATER (State or Country)	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) True TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) <b>Sheathriows</b> 15 Filed July 13 1920 Y. J. Decks Registrar	thestertourne Md July 20 1900. 20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

over

or authorization to make corrections, see letter

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeauon as Luglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation If the occupation has been changed Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYSI-

	PLACE OF DEATH	08128 STATE OF MARYLAND
C	County Conty	CERTIFICATE OF DEATH
		Registration Dist. No. 24
Villa	age or City hum Folchiston Chesh	St.: Ward) (If denth occurred in a hospital or institu- tion, give its NAME in- stend of street and
	2FULL NAME All down of	Hellaan Spriggo number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH July 22, 1920
_//	Wite the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH July 22 1931	17 A I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw halive on, 192,
7 A	GE [If LESS than	and that death occurred on the date stated above, atm,
	I dayhrs.	The CAUSE OF DEATH * was as follows:
	yrsinosds. ormin.?	
8 O	CCUPATION ) Trade, profession or	Bulloom. 19 freed morning
pa	rticular kind of work	Jelf In hos Wells
	) General nature of industry	
	hich employed or (employer)	(Duration)yrsmosds
9 B	IRTHPLACE	Contributory Secondary
	(State or country) May tout	(Durstion)ds
T	10 NAME OF	(Signed) transcell frugth L. C. M. D.
	FATHER Cliques facility	July 22 1900 (Address) Wheeliston
S	OF FATHER DA Lale for 1	
RENT	(State or country). Dalla M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A	OF MOTHER Leller Springer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos do
- 1	(State or Country)	Where were disease contracted
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	Marray Dance 18	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Elleslulaux V	Loude Latton July 23 19.3
15	Filed hely 2 1934 . 3 / Fruell	20 UN DERTHER JOHN ADDRESS
	Registra	Trucky farmed Villesous oc
-	If more blanks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on yrs). Form laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

EA. 5 (NESING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebröspinal Lever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY Whooping cough; Chronic valvular heart disease; nephritis, etc. The contributory

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County / Cuf	CERTIFICATE OF DEATH
	Registration Dist. No. 2-0/
Village or City Harry Wary Cov (No. 2 PULL NAME Mary Irene	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED  WIDOWED  OR DIVORCED  (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov 24, 1927	1 May 121920 to 192.
(Month) (Day) (Year)	that I last saw hill alive on May 1-2 1 197
1 J yrs. 5 mos. 19 ds. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Browhise Gneumonia
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Smokllown my	Contributory Secondary (Duration) Contributory Secondary
10 NAME OF Albert Stanlow	(Signed) J. J. alwale M. D.
O II BIRTHPLACE	may 13 193 O(Address) Sull Fin
Z (State or country) armony Cov. My	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother aca It	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLENGE	Where was disease contracted, if not at place of death?
(Informant) albert tranklin Stanley	Former or usual residence
(Address) Still Soud mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL THE BOTTOM COM. May 18, 1930
Filed Muy of 19230 Molach	20 UNDERTAKER  BR FOllows Still Brill
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Furmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a ,, etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). Form laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Doy specifically the occupations of persons en-For persons who have no occupation (b) Automobile foctory. The material single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonocum, etc., Carcinoma, Sorcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease contributory

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If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the etc., of

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PLACE OF DEATH County	0.3081 c
Village or City Charles Sterfiel	d
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Month)  (Day)  (Year)	July   that I list saw h & sali
7 AGE  Obout 80 yrs. 3 mos. 9 ds. or min.?	The CAUSE OF DEATH *
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Cocservey	Secondary (Signed)
OF MOTHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  A THE TOTAL PROPERTY OF MOTHER  14 OF MOTHER  15 OF MOTHER  16 OF MOTHER  17 OF MOTHER  18	*State the I is as violent Causes, state Accidental, Suicidal or H
13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	At place of deathyrsmos Where was disease contracte
(Informant) CO Coleman  (Address) NOW HOLL	if not at place of dea h? Former or rusual res.dence
15 Filed 3/7 130 B. Lun Druding Registras	20 UNDERTAKER &

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2//3

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and

***************************************	number.)
MEDICAL CERTIF	FICATE OF DEATH
	onth) (Day) (Year)
1 1	late stated above, at
General	dibility
Contributory Secondary  (Dur (Signed)	ation) from the description of t
*State the l'isease Causir Violent Causes, state (1) Mer Accidental, Suicidal or Homicidal.	ng Death, or, in deaths from ans of Injury and (2) Whether
10 LINGTH OF RESIDENCE (Fients or Recent Residents)	or Hospitals, Institutions, Truns
At place of death	In the State yrsmosde,
19 PLACE OF BURIAL OR REMOVE	March 9, 1930

N. B.

3 No. 1

If more b.anks are needed, addre. e : tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise see Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi inal meningitis"); Dinhlheria (avoid use of "Croup"); Sinal meningitis"); Dinhlheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

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PLACE OF DEATH County County (	03082 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Millington (No.	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE STREE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Much 15 192 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to War 3, 1920.  that I last saw her alive on war 15, 1920.
7 AGE   If LESS than I day hrs.   ds. or min.?	and that death occurred on the date stated above, at 9.399 m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. smos B ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Signed) (Address) County the M. D.
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or coundry)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place yrs
(Informant) Patharn's Manual -	Former or usual residence
(Address) Duenston U. J.	Chesterulle, Md. Main (8, 1930
Filed 3/17 19x3 6 Me-Philes Registrar	20 UNDERTAKER I ADDRESS Millington
If more blanks are needed, addie a State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know of the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day loborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs. For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foremon, For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) Grocery; mon, (b) Automobile factory. The material Compositor, Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the pisease causing death—the primary affection with respect to time and causation,, using always the same accepted term for the same disease. Examples: Cerebrospinal fuver (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (Recommendations on statement of cause of death as fracture of skull, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railwoy trainperitonueum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, or intercurrent) Chronic and consequences (e. g., sepsis, etc. The valvular heart disease; affection need contributory not be

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PHYSI-PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If death occurred in a hospital or institution, give its NAME i. stead of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH may be n back WIDOWER OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from ns so that it (Month) (Day) (Year) that I last saw h Walive on 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* mos. OCCUPATION (a) Trade, profession or \*particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributor 9 BIRTHPLACE Secondary (State or country) Pe EA (Duration) Should I 10 NAME OF FATHER 9 11 BIRTHPLACE RENTS OF FATHER CAUS \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAM ⋖ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform should state ients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER yrs......ds. (State or country Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement Former or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton will; (a) Solesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day Jaborer, Farm Jaborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken specifically the occupations of persons enstate occupation at beginning of illness. If retired from Statement of Occupation -Precise statement of oceupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-For many occupations a single word or term on Locomolive engineer, gaged in dome-tie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus; Farmer (re-Architect, Physician, Compositor, whatever, write None. tired 6 yrs). to report Spinner, !aborer,

Statement of Cause of Death—Name, first, the Dis-Bash Causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphthoria avoid use of "Croup"); Typhoid fewer never report "Typhoid Pneumonia"); Lobar pneumonia, B pneumonia ("Pneumonia");

Carcinomu, Sarcoma, etc., of causing death), 29 ds.; Bronchopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal condi-"Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as carbolic acid-probably suicide. The n.ture of the injury, unqualified, is indefinite); Tuberculosis of lungs, meninges, perflonceum, etc., Carcinomu, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptom-"Inanition," "Marasmus," "Old Age," "Shoek," "PUERPERAL septicaemia," "PUERPERAL perilonitiss" etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, accident; Revolver wound of head-homicide, Poisoned by etc. The contributory or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," utic), "Atrophy," "Collapse," "Coma," "Convulsions. Examples: Accidental drowning; Struck by railway traintetanus) may be stated under the head of "contributory. (Recommendations on statement of cause of by Committee on Nomenclature (secondary or intercurrent) affection need stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Chronic valvular heart as fracture of skull, and consequences (e. American Medical Association.) nephritis, Whooping cough; Chronic interstitial approved Chronic

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PLACE OF DEATH	STATE OF MARYLAND
County Seel Day	CERTIFICATE OF DEATH
0 011	Registration Dist. No. 202
Village or City thisly lower (No. 12 2)	St: Ward) (If death occurred in
· Pan A II.	tion, give its NAME in-
2FULL NAME /May & Slo	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Widow	16 DATE OF DEATH MARKET A DA
June WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
d'eb 2 1840	march 3 19230 to herch 1 19204
(Month) (Day) (Year)	that I last saw h Walive on Mar 5, 1920,
7 AGE [If LESS than	and that death occurred on the date stated above, at 6.150 m.
90 yrs. 1 mos. 4 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Les 1200 Phopleter
(a) Trade, profession or particular kind of work	f de la constant de l
(b) General nature of industry business, or establishment in	3
which employed or (employer)	(Duration) mos de,
9 BIRTHPLACE (State or country)	Contributory Secondary
Isalo, sica	Durayon Vrs. mos. ds.
FATHER ( ) ENELS ASSAM ( ) POPULAR	(Signed) Track D. The
on 11 BIRTHPLACE	Mas 8 1930 (Address) Plante low les
OF FATHER (State or country)  12 MAIDEN NAM  1 (C) 1	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE	as LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
C C D	Former or usual residence
(Informant) Upull C Derowo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) For ster Lowers Ma	Chester-lown Md Mar- 9- ,30
15 Filed Mar 8 1920 XIV, Sicker	20 UNDERTAKER ADDRESS
Registrar	UV V HERES profestore
If more bianks are needed, address tate Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. 1.

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Streament of Cause of Death—Name, first, the DISEAST CUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Ty, bold fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "E::haustion," "Heart ramme," "Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJU..Y State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Measles;

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PLACE OF DEATH  County Sass	STATE OF MARYLAND CERTIFICATE OF DEATH
County Dest	Registration Dist. No. 202
and say by land in	(16 death engineer) in
2FULL NAME Phillip Wes	St.: Ward) a frost of contract of institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While OR DIVORCED (Write the word)	16 DATE OF DEATH NOW 24 -, 1933 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw han alive on 1 - 1 192 8 8
7 AGE   If LESS than	and that death occurred on the date stated abova, at
82 yrs. 8 mos. 20 ds. or min.?	The CAUSE OF DEATH *-was as follows:
OCCUPATION  (b) Trade, profession or Trade, profession or Trade, profession or Trade, profession or Trade Shall makes  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	(Duration) yrs mos de.  Contributory Contributory (Duration) yrs mos de.  (Signed) HBC/Lelan U M. D.
OF FATHER  (State or country)  W	*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Unknowse  13 BIRTHPLACE OF MOTHER (State or Country)  Md,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted,
(Informant) Howard Slooks	if not at place of death?  Former or usual residence
(Address) Chicalistown PHO 4	Thislis Lours Md Nov. 26, 1980
Filed NOV 24 1930 W T Stecks	W & Heales Phististown
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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CIAN'S should excee CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200 (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH WIDOWED OR DIVORCED (Write the word) (Month) (Day)... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) that I last saw h alive on (Month) If LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) 11 BIRTHPLACE OF FATHER \*State the I is ase Causing Death, or, in RENT Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For liospitals, Institutions, Trans-4 OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State..... of death yrs......mos... (State or Country) Where was disease contracted, if not at place of dea.h?.. Former or usual residence OF BURNAL OR REMOVAL 20 UNDERTAKE egistraı If more b.anks are needed, addre.s Ltate Registra, 16 W. Saratoga St., Botto, Lequisting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g gcd in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive report specifically the occupations of persons en-Foreman, first line will be sufficient, c. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery;man, (b) Automobile factory. The material For persons who have no occupation Laborer-Coal minc, etc. Womsingle word or term on engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilheria avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart Langue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be "Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions are wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE, OF DEATH	Octob	STATE OF	MARYLAND
County Ment	00160		E OF DEATH
00	(89)	Registration	Dist. No. 202
Village or City WWW (No		St.: War	d) (If death occurred in a hospital or institu
2FULL NAME Than & Lays	<i>81</i>		tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
S SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	July	16 , 1930
6 DATE OF BIRTH	1 HEREBY		tended the deceased from
Seb 5, 1860	250 600	1 192 to	192
(Morth) (Day) (Year)	that I last saw h/2	alive on	uly 10, 1950
7 AGE   If LESS than			ed above, atm,
60 yrs. 10 mos. 11 ds. or min.		H * was as follows:	/
8 OCCUPATION (a) Trade, profession or	buge	ua Ital	orco
particular kind of work		-0110000000000000000000000000000000000	40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(b) General nature of industry business, or establishment in	000000000000000000000000000000000000000		mal
which employed or (employer)		(Duration)	mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary		-un co
Millingson my		(Duration)	ds,
TO NAME OF THAN Phallass	(Sikned)	W 12/1	M. D.
U II BIRTHPLACE	July 10 100	O(Address) O To	Wilow
OF FATHER (State or country)  12 MAIDEN NAME	*State the I'i Violent Causes, str Accidental, Suicidal	sease Causing Death ate (1) Means of 1 or Homicidal.	n, or, in deaths from injury and (2) Whether
of MOTHER Emply a Hallondin			itals, Institutions, Trans
13 BIRTHPLACE	At place	sidents) In th	ie.
OF MOTHER (State or Country)	of deathyrsm	osds. Sta	ateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contr il not at place of deal	h?	
(Informant) le Ment 13 Layer	Former or usual residence		• • • • • • • • • • • • • • • • • • •
(miormant)	19 PLACE OF BURIAL	L OR REMOVAL	DATE OF BURIAL
(Address) & Millian VIII	Surma	. Toel.	July 18 , 193 D.
15 Filed July 1/4 1930 W J Alex Kus	20 UNDERTAKER		ADDRESS
Registral	telhas 3 h	pool	physical
If more banks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., I	Salto., Requesting V.	S. 1.0. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g.. Farmer or Planler, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

> approved by Committee on atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Sho st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, acaident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every Item of Information should be carefully supplied ACE should be state. XACTLY, PHYSICIAMS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT BINDING FOR --THIS RESERVED WITH UNFADING INK-MARGIN WRITE

V. S. No. 1

00 ż

PLACE OF DEATH	02123 STATE OF MARYLAND
County Kent	9 CERTIFICATE OF DEATH
	Registration Dist. No. 202
Village or City Chiefertaion (No	Ward) (If death occurred in a hospitel or institu-
2FULL NAME Sarah Lay loc.	tion, give Its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Whete Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH # 28 , 1930
6 DATE OF BIRTH  May (blongh) (bay) , 1929 (Year)	that I last saw her alive on HELD 7, 1980,
7 AGE   If LESS than   I day hrs.   Yo ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Thooping Cought  (Duration) yrs. mrs. 36 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Classification of the state of	Contributory Secondory  (Duration) yrs mos ds.  (Signed) M.M. D. M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryload 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of Mother Charlotte Sed  13 BIRTHPLACE OF MOTHER (State or country)  Maryland	ients or Recent Residents)  At place In the of death yrs
(Address) Chillians, MA	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Apply Towns Md.  DATE OF BURIAL  Apply Towns Md.  1930.
Filed March 1920 W. J. Hiches Registras	20 UNDERTAKER Chiatutoron
If more blanks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02123

(Approved by U. S. Census and American Public Health Association.)

er," et ., without more, Laborer—Coal mine, etc. should be used only when needed. As emples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can he known. The quescupation is very im ortant, so that the relative health-Statement of Occupation - Precise statement of octired 6 yrs). business, that faet may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an Civil engineer. Stationary freman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return" Laborer," "Foreman," "Nanager." "Deal-Physician, report specifically the occupations of persons en-Foreman, For many occupations a sin le word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive also (b the engineer,

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Huemorrhage," stated unless important. Example: Measles (disease "Exhaustion," "Itear "Old Age, "Old Age, when a de inges, perilonucum, etc., Careinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomeausing (seeondary or intercurrent) use of "Tumor" for malignant neoplasms); Meastes approved by Committee on earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases ean be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of eause of death Examples: Accidental drouning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or misearriage as cough; Chronic ete. affection need valvular heart Nomenclature The contributory Always qualify all " "Shock," discase not be

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PLACE OF DEATH	19369 STATE OF MARYLAND
County VESS	CERTIFICATE OF DEATH
ATTAIN SOMEARING TO THE TOTAL	Registration Dist. No.
Village or City thelerbown (No.	St.: Ward) (If death occurred In a hospital or Institution, give its NAME instead of street and
2FULL NAME Jane Sho	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jumale Col Single, Married, Widowco, OR Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
renkenseen , 1881	to Audion to a beside 1920
(Month) (Day) (Year)	that I last saw h
7 AGE	The date stated above, at
49 unknow day hrs.	
8 OCCUPATION	
(a) Trade, profession or Whouse Work	My Sectory
(b) General nature of industry	
business, or establishment in	Immediate death.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF UNKNOWN	(Signed) Transform (Durstion) yrs. mos. ds.
U DI BIRTHPLACE OF FATHER	19 C(Adicate La Time / Mac
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
817 100	Former or .
(Informant) Chel Chomas	usual residence
(Address) Chester lowned	Here Carreting Cuso 12. 1980
15 Filed Cheg, 11-1920 WT Hicks	20 UNDERTAKER, ADDRESS
Registrar	OU & Sticks phisterioun
If more blanks are needed, addre-s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Da.1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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	PLACE OF DEATH County Stenda	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 200
v	illage or City for the Thomas	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male Color or RACE SSINGLE, Widoweg-Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Hele 23, 1930  (Month) (Day) (Year)
6	DATE OF BIRTH  LINISTOWN, 1868 (Month) (Day) (Year)	that I last faw h alive on Tat 23, 130,
	AGE    Standards   If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at .// m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or State Road work  (b) General nature of industry	
	business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos de.
	10 NAME OF FATHER Unknown	(Signed Or On Chekrynl M. D. Farry 1950 (Address) Bhestertown
RENTS	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Make	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
14	(Informant) Conna Some Ville	if not at place of dea.h?  Former or usual residence
_	(Address) (Ausly Tentours, M.	Existintours mod Feb 26: 1020
15	Filed Alt 20 1990 Registrar	20 UNDERTAKER W Shieles Apsterland
11	If more banks are needed, address State Registral	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Form laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature

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1PLACE OF DEATH	STATE OF MARYLAND
County Hard-	0555 CERTIFICATE OF DEATH
	Registration Dist, No. 202
was the test owners.	(If death occurred in
2FULL NAME Um C C	St: Ward)  a hospital or Institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WYSOURS	16 DATE OF DEATH A LAX DA
Male While WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  N M/ 15 1449	136 to 14, 1930
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	
5/ yrs. 1 mos. 29 de. or min.	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	( Lund
business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (Ntate or country) Send-PA MA	Contributory Secondary (Durajon) yrs., mosde.
10 NAME OF James At Thompson	(Signed) To M. D.  Jan W 130 (Address) Che Cutorin
OF PATHER  Z (State or country)	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Martha a Coshley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diaease contracted, if not at place of dea.h?
Maymo Showkdow	Former or usual residence
(Address) Assistantown Mo	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Chester Cours Md Jan / 19 30
15 Filed Jan 11 1930 2. J. Ducks	20 UNDERTAKER Hicks Chesterlow
If more banks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. Nord.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed us At school, or At home. Care should be taken er," etc., without more precise specimeanon as voy loborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness; that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engincer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Stationary firemon, etc. But in many (a) the kind of work and also (b) the Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by roilway train-(secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic etc. valvular heart diseose Nomenclature The Always qualify all contributory Meosles;

If this certificate is looked over thoroughly and a 1 qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly chastified. statement of OCCUPATION is very important. See instructions on back of certificate. BINDING FOR IS WITH UNFADING INK--THIS MARGIN RESERVED

S. No. 1

PLAGE OF DEATH  County County  D) 1- 1-	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City phesty from (No. 2FULL NAME John B July	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE.  MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
Month (Day) (Year)	17 A I HEREBY CERTIFY, That I sttended the deceased from  19 2 6 1920 to 3 , 1920, that I last saw h malive on 1920,
AGE  Office of the property of	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	forem accidental contact will
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Kernes delility
State or country) Wayland	Secondary (Durstion) Te. mosde.
10 NAME OF SOM Silguman  11 BIRTHPLACE	(Signed) (M. D. Eff / 1920 (Address) & further (M. D.
OF FATHER (State or country)  12 MAIDEN NAME ()	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER TALL 1	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) fallung I lahman (Address) fluster town	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Land 19 PLACE OF BURIAL  10 PLA
Filed Bept 8 1980 W J Hicks	to has L hood d bleskerhour
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Law	0556 CERTIFICATE OF DEATH
60	Registration Dist. No. 200
Village or City Soley (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME Samuel H. Y.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
8 25 1806	+ll-28 198 . to Jan 29 . 1930,
(Month) (Day) (Year)	that I last saw ham alive on 29, 1922,
7 AGE [If LESS than	
1 day hrs.	The CAUSE OF DEATH * was as follows:
yrs	\$ 1 1 1 -
(a) Trade, profession or particular kind of work	S. M. A. C. L. Alles
(b) General nature of industry	Q lal f
business, or establishment in which employed or (employer)	(Duration) (Duration) da.
9 BIRTHPLACE // /	Contributory Secondary
(State or country) W/Elawan	Duration Trade,
10 NAME OF 1 1	(Signed) July M.D.
FATHER January Toda	Jan 30 1980 (Address) Jalina Mily
OF FATHER	
(State or country) Slaware  12 MAIDEN NAME()	*State the l'is ase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER Pracilla Stradley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Welawaw	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h?
	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Jessesses Co Jarr	(Folive) Carnetery JEU. 2. 1930
15 Jan 12 p ma en Jalua	20 UNDERTAKER ADDRESS
Filed Fam (5) 1939	John A. Coffage Celton Mer
If more b.anks are needed, address tale hegit fa	, 16 W. Saratoga St., Palto., Kynuesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a laborer, Form laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the the arst line will be sufficient, e. g., Farmer or Planter, ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory Mcasles;

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Village or City James (No	CERTIFICATE OF DEATH  Registration Dist. No. 2 Definition of the control of the c
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, MARLED OR DIVORCED (Write tha word)  6 DATE OF BIRTH  WINDOWED (Write tha word)  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  (Month) (Day) (Nord)  (Month) (Da	MEDICAL CERTIFICATE OF DEATH  (Month) (Day) (Year)  (Month) (Day) (Nother)  (Month) (Day)
(Address) thester-lown BdO 6	M- Heasant - Thuly 19. 181
Filed Sula 1920 J. Jacob Registrar  If more bianks are needed, address State Registrar, I	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH County Water	08131 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No	St.: Ward)  St.: Ward)  St.: Ward)  St.: St.: Ward)  S
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maler Magro (Write the word)	C16 DATE OF DEATH  July 19830  (Month) (Day) (Year).
6 DATE OF BIRTH    15-   1876   (Year)   (Year)	17 I HEREBY CERTIFY, That I attended the deceased fro
J-4 yrs. J- mos. 4 ds. or mir	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Mary Land	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF Policie Towns.  11 BIRTHPLACE OF FATHER (State or country)  12 Maryland.	(Signed) (Si
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs description de.  Where was discouse contracted.
(Informant) Harry Townsone (Erothe (Address estate for the	where was disease of dea.h?  Former or  Issual residence  19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  PATE OF BURIAL
( Julie of State of S	20 UNDERTAKER APPRIES

(Approved by U. S. Census and American Public Health Association.)

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PHYSI-B.-Evory item of information should be carefully supplied AGE should be stated EXACTLY, CIANS chould state CAUSE OF DEATH in plain torms so that it may be properly classified statement of OCCIPATION is very important. CORD MANENT BINDING NLY, WITH UNFADING INK---THIS IS A P. MARGIN RESERVED FOR WRITE P

7. S. No. 1

ż

PLACE OF DEATH	STATE OF MARYLAND
County lent	CERTIFICATE OF DEATH
	Registration Dist. No. 24/
may Wanters hed	
Village or City New / WYONG	St.: Ward) (If death occurred in a hospital or institu
20111 NAME FRANCOSI- MA	tion, give its NAME in
2FULL NAME TYPELY MA	y / runha number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STINGLE,	16 DATE OF DEATH
The WIDOWED Mars	J-lh 8 , 1830
Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	5 106 6 1920 to Freb 9 1980
lly 4, 188.	that i last saw held alive on First 9
(Month) (Day) (Year)	
7 AGE [If LESS the	
HH yre. Hmos. 5 de or min	
8 OCCUPATION de. or min	
(a) Trade, profession or house wife	Jelvelar Hour Disease
(b) General nature of industry	
business, or establishment in	(Duration) yes the
which employed or (employer)	- Contributory unknown.
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration) yra- mosde
FATHER Charles be Settlore	(Signed) T. T. M. D.
11 BIRTHPLACE	- Fet 117 19230 (Address) Still Find
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Germal States	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)  At place In the
OF MOTHER (State or country)	of deathyrsmos,ds. Stateyrsniosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
at a P. II stan	Former er usual readence
(Informant) add Partie of Orde	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 2813 West Lelion & lela	Pa aill D 11 1 Can
	20 UNDERTAKER ADDRESS O
15 Filed Fet 11 1930 y Melack	BRCI- ellows & till fond
Registra	
If more banks are needed, address State Registr	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Newant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. yrs). without more precise specification as Day For persons who have no occupation Salesman, (b) Locomolive engineer, persons enmaterial Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); whom pneumonia. Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head -homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all causing use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, etc. The contributory cough; Committee on Chronic Carcinoma, affection need not be vulrular heart disease; Nomenclature Sarconia,, etc., of Measles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate in permanently filed.

Should I

CIANS should statement of OC

4YSI-	PLACE OF DEA
Hed. be	County V. Co.
ORD (ACT) classi	Village or City J M
C	2FULL NAME
NT Stated proper	PERSONAL AND
Z to da	3 SEX 4 COLOR

	PLACE OF DEATH
	County VCul
	4
Vil	lage or City Javelle (No.
	2FULL NAME Skilleaud
	PERSONAL AND STATISTICAL PARTICULARS
3 8	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOW B. Jaw OR DIVORCED (Write the word)
6 1	PATE OF BIRTH :
	(Month) (Day) (Year)
7 /	
	O/ yrsds. ormin.?
	CCCUPATION  a) Trade, profession or articular kind of work  b) General nature of industry usiness, or establishment in which employed or (employer)
9 8	(State or country) Maryland
	10 NAME OF Jerry Frusty
ENTS	11 BIRTHPLACE OF FATHER (State or country)  Machinery
PARE	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MILES ! Thelled.
	13 BIRTHPLACE OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

	13 BIRTHPLACE OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant)
	(Address) Chestellary
15	- 1/10 2000 1 AM 644

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 204

St.:	Ward)	e hospital	occurred in or institu its NAME in street and
CERTI	FICATE O	F DEATH	

MEDICAL CERTIFI	CATE OF DEATH	
16 DATE OF DEATH	ew 28, 1930	
(Mor	nth) (Day) (Year)	
17 I HEREBY CERTIFY, T		
leg 1980. to	0 1 10 2	2
hat I last saw hamalive on	Nec 28 , 1930	
and that death occurred on the da	its stated above, at 10- A	ma.
The CAUSE OF DEATH * was as fo		
Irnacion	ol anaeman	1
	An semia	-
***************************************	. 5/	
(Durati	ion)yrsmos	ds.
Contributory		-
(Durat	tion) yrs mos.	de,
Signed) transco	Thereth M.	D
Ne 79 1920 (Address)		
*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	Death, or, in deaths from as of Injury and (2) Whether	
B LENGTH OF RESIDENCE (Fo	r Hospitels, Institutions, Tran	10
ients or Recent Residents)	In the	
A s place		

Where was disease contracted, if not at place of death?.....

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on specifically the occupations of persons en-Stationary fireman, etc. But in many Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia, Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condicough; " "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease ", "Coma," "Convulsions, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Kink to	CERTIFICATE OF DEATH
A A A A A A A A A A A A A A A A A A A	1//3
(h, h.	Registration Dist. No. 200
Village or Civillas//Ussley (No.	St. Word) (If death occurred in
	a hospital or institu-
2FULL NAME MANAGE & TANAMA	tion, give its NAME I1- stead of street and
- I MUNI	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
WIDOWED. ALLE	10010
Write tho word)	10
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
10.	110, 11
May 31, 1930	1970 to 100 1920.
(Month) (Day) (Year)	that I last saw h Assalive on Leg 21, 1920,
7 AGE [If LESS than	and that death eccurred on the date stated above, at & 40 A. m.
l dayhrs.	
yrs. 6 mos. 2/ ds. or min.	Personal Since
8 OCCUPATION	J. W. J. W. W. J.
(a) Trade, profession or particular kind of work	
Tb) General nature of industry	100-00000000000000000000000000000000000
business, or establishment in	
which employed or (employer)	(Duration) via mas Z ds.
BURTHPLACE	Contributory Secondary
(State or country)	
1 10 NAME OF	(Duration) yrs. mos. 4ds.
FATHER (/ALL)	(Signed) / flesset 17the M. D.
11 BIRTHPLACE	12/14 1920 (Address) Miller for This
OF FATHER	*State the Diagram Country Double on in Just
(State or country) Ma,	*State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME 110 B	Accidental, Suicidal or Homicidal.
a puda mante	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(I)	Former or
(Informant) / 1. June	usual residence
	19 PAACE OF BURIAL
(Address) Massey fla	1 A. 16 Fin ton 12/16 , 120
15 /1/2 2 / 10	20 UNDERTAKER ADDRESS
Filed /2/24 1900 M. Vyuc	lo or la
Wolfely Registrar	Milesofu My
If more bianks are needed, addre state Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1512

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cottan mill; (c) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhaharer, Farm laborer. laborer, or At Home, and children, not gainfully em-For many occupations a without more precise specification as Day Compositor, Architect, Locamotive engineer, Laborer-Coal mine, cte. Womsingle word or term on The ques-

spinal meningitis": Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebraspinal forer (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE COUSING DRATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonia");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lanue, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi interstitial nephritis, Chronic valvular heart disease, and consequences (e. g., sepsis, etc. The contributory

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

8. No. 1

N. B.

PLACE OF DEATH	15122 STATE OF MARYLAND
County Meet	CERTIFICATE OF DEATH
n 011	Registration Dist. No. 203
Village or City Lack Halling.	St.: Ward) (If death occurred in
2FULL NAME Fay Louann	e Ward a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Dec. 7, 130
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mot. 17, 1930 (Month) (Day) (Year)	that I last law h alive on alle of the Louis
7 AGE [If LESS tha	n and that death occurred on the date stated shove, at \$3.6.4.m.
yrs. mos. 20 ds. or min.	s. The CAUSE OF DEATH * was as follows:
yrs. mos. as or min.	Chifecul gerang.
(a) Trade, profession or worse, cufacil	
particular kind of work  (b) General nature of industry at home	Cecturilis
business, or establishment in which employed or (employer)	(Duration) yrs. mod de.
COUNTY OF CO.	Contributory
(State or country) Maryland.	(Duration) yrs. mosds,
10 NAME OF Glewood Thomas	(Signed Harry L. Dodd Cor, M. D.
of Father On And On and	Dec of 50 (Add Dath on in doth from
OF FATHER (State or country)  Mary Cacel  12 MAIDEN NAME)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rosella Aree	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country). Maryland.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dea.h?
Marita Wice.	Former or usual residence
(Informany)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addr Koch Hall, Ind.	Wesley Chapel 12 7 , 19 31
Filed 12/8 180 B. Lew Dendung	20 UNDERTAKER Casey Polo Half
If more banks are needed, addre a Ltate Registr	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Spinner, (b) Colton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed Foreman, etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material 6

East CAUSING DRATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebréspinal ferer (the only definite synonym is "Epidemic cérebrostinal meningitis"; Diphilieria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state NIEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Meosles (disease ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	
	ECORD
/0	EN

EXACTLY, P supplied ACE should be stated EXAC n terms so that it may be properly classee instructions on back of certificate. f information should be carefully supplied d state CAUSE OF DEATH in plain terms s OCCUPATION is very important, See instru of information Every Item of in CIANS should statement of OC

PLACE OF DEATH	03084
County Kene	C
	(179)
Mear Rock Hogo	
Village or City Pack Tool	***************************************
2 FULL NAME Joseph Tios	kovich
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
hale White or DIVORCESTILLED	//
O DATE OF BIRTH	17 I HEREBY CEI
(1 ' 0 0 001'	7, 7,
(Month) (Day) (Year)	thick last saw h and
7 AGE (Month) (Day) (Year)	and that death occured a
day hrs.	The CAUSE OF DEATH *
6 4 yrs. // mos. /3 ds or min.?	Burning 1
(a) Trade, profession or	conselt L
particular kind of work	1. 66
(b) General nature of industry / armed business, or establishment in	Part Tallar
which employed or (employer)	near accept
BIRTHPLACE (State or country)	Contributory Secondary
Mustria	
10 NAME OF FATHER	(Signed) darry
11 BIRTHPLACE	Wel. 17 1930 (A
OF FATHER (State or country) (custrea	"State the Disease
12 MAIDEN NAME O	Violent Caus , state Accidental, Suicidal or Ho
OF MOTHER TO KNOWN	18 LENGTH OF RESIDE
13 BIRTHPLACE	ients or Recent Residen
OF MOTHER (State or country)	of death yrsmos
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
	Former or usual residence
(Informant) hama is povich Wife	19 PLACE OF BURIAL OR
(Address Vicet Hall, Ma	Halulana a.
3/14 pulp of the	20 UNDERTAKER
Filed 3/18 130 18 Fundamy	PO 1 8 10 10

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No. 203

1	kovich St.: War	d) (If death occurred in a hospital or institus tion, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE	OF DEATH
2	16 DATE OF DEATH Murch	17 , 19×30
	17 I HEREBY CERTIFY, That I at	(Day) (Year) ttended the deceased from
1	thy Raw aw h after on all	Cendant ::
1	and that death occured on the date states	d above, at 10 a. m.
	During breish	and litter
	Canglet fire bu	rued to death
	10 - 10 1	caled with
4	Contributory Secondary	medeale dealle
	(Signed) Larry L. Dur	Lol, Cor, M. D.
1	neh 17 130 (Addististe	Then Mid
	Violent Caus , Tate Causing Coath Accidental, Suicidal or Homicidal.	or, in deaths from
	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
	At place of death yrsmos. ds. Ste	e ite yrs mos da.
-	Where was disease contracted, if not at place of death?	
10	Former or usual residence	
4	19 PLACE OF BURIAL OR REMOVAL	MON CA 20 1930
-	20 UNDERTAKER	MON UN 20 130.

No. ů

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Fareman, (b) Automobile factory. The material the first line will be sufficient, e.g., Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the et," etc., without more precise specification as Duy laborer, Form laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Physicion, whatever, write None. Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on Compositor, For persons who have no occupation Architect, Locomotive engineer, The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerébrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (diseaso diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," can be ascertained as the cause. Always qualify all Whooping approved by Committee on letanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably sucide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock," Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory Nomenclature Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A 4 the data is essential and must be obtained before the certificate is permanently filed.



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S. No. 1

Exact

PHYSK

	1PLACE OF DEATH		
(	County Cent		
Vill	age or City Jonana (No.		
	2 FULL NAME Charles Edmund		
	PERSONAL AND STATISTICAL PARTICULARS		
38	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		
6 D	ATE OF BIRTH		
	(Month) (Day) (Year)		
7 A			
	I day O hrs.		
	mos. D ds. or min.?		
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)			
	(State or country) Tomona mds		
	10 NAME OF Robert Royson Halbart.		
NTS	11 BIRTHPLACE OF FATHER KENT Co., Med (State or country)		
PARE	OF MOTHER anna Elizabeth Hadaway		
	13 BIRTHPLACE TENT Co, md, (State or country)		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
	(Informant) Tobt W. Halbert		
	(Address) Cheatertown, NA 3		
15	Find 14 12 1930 W.T. Keeke		

06810

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

St.:	Ward)		occurred in
		tion, give it	ts NAME in-

MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
192 to Mune 12 , 1920.
that I lest saw h suralive on 192
and that death occured on the date stated above, at
The CAUSE OF DEATH * wes as follows:
2
Do not Know,
\
(Duration)tsds.
Contributory
(Signed) H. Blage Simula M. D.  (Signed) J. 1980 (Address) Chester town me
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Mospitule, Institutions, Transferts or Recent Residents)
At place In the of death yrsmos. ds. Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Chesterlown Jame 12, 30
20 UNDERTAKER ADDRESS
11. J. Mesterloin

If more banks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Lancette should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the played, as At school, and children, not cainfully employed, as At school, and to have Command to taken household only (not paid Household vilo receive a en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocstate occupation at beginning cfillness. If refired from worked on may form part of the second statement. Never return "Laborer." "Foreman," "Nanager." "Pealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DI TARE CARLING DEATH guged in domestic survice for warre, an Sorward, Cook Physician, Compositor, Architect, report specifically the occurrence of persons Foreman, et .., wild, etc. If the occupation has been changed For many occupations a single word or term on Form I borr, Liver-Collinne, de Wonyrs). without more precise spe in ation as For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, The ques-Grocery; Bull

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skuli, and consequences e.g., sep is, telumus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Heamorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature "PJERPERAL septiecemie," "TUERI ERAL peritonitis diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; American Medical Association.) carbolic acid - would good. The nature of the injury, accident; Profeer and I had or as probably such, if iran mible to determine definitely. and qualify as AC ID N. AL SUICIDAL, or HOMICIDAL, Examples: Action hickory ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse." "Coma," "Convulsions, Chronic g: Strick by roll my train valvular heart disease; etc. The contributory Sarconu,, etc., of

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

HYSI-Exact

	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Chestertown (No Route	Registration Dist. No. 201
	Village or City blustertown (No. Conte	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	FOLE NAME OF THE STATE OF THE S	
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 40	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 13 14 1920
	6 DATE OF BIRTH Fut. 15- 1930	(Month) (Day) (Year)
	(Month) (Day) (Yesr)	that I last saw h select on first
	7 AGE Shill firth IfLESS than	and that death occurred on the date stated above, atm,
	vrs. 8 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
1	BOCCUPATION	to de la Carre in le partir de les
	a) Trade, profession or	A . S . J. S. +
	farticular kind of work	man man
0	business, or establishment in which employed or (employer)	(Durstion) yrsmosds.
in boli	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF Heram Hallen	(Signed) De Welliam Theman M. D.  Het 15 1980 (Address) Bhestotown M.
	OF FATHER  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Delia Symmetre	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  All,	At place of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Delia Summels	Former or usual residence
	(Address) 6 historium Al	Fourtain Ind Feb 13, 1,30
)	Filed Hel/5 1930 Holarb Registrar	BN Fellows Still Found
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 oź.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not Example: Measles (disease Measles ;

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Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.

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Statement of Cause of Death—Name, first, the mis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pihall fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> ..... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of letanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. "Inanition," "Exhaustion, approved by Committee on Nomenclature of the as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, "Congenital," "Senile," etc.), "Dropsy,", "Heart failure," "Haemorrhage," "Marasmus," "Old Age," "Shock," Chronic volvulor heart diseose; and consequences (e.g., sepsis, etc. The contributory

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N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT DING MARGIN RESERVED FOR B. NLY, WITH UNFADING INK--THIS IS A

WRITE V. S. No. 1

	PLACE OF DEATH	12535 STATE OF MARYLAND
	County Seed	CERTIFICATE OF DEATH
	Village or City Rock Hall (No.	(129) Registration Dist. No. 203
and the state of t	Village or City Work Hall . (No. 2FULL NAME Laws Diener	St.: Ward)  St.: Ward)  (If denth occurred in a hospital or institution, give its NAME instend of number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEON (Write the wyrdd will).	16 DATE OF DEATH October 28, 1930
	6 DATE OF BIRTH  (Months)  (Day)  (Year)	that I last saw h alive on of the lattended the deceased from the last saw h alive on the last saw h a
	7 AGE    Syrs. 3 mos. 2 4 ds.   If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
3 5	(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	(Durstion) Z-yrs mos ds.
-	which employed or (employer)  9 BIRTHPLACE (State or country)  Marklace	Contributory Secondary (Duration) yrs. 7 ingsds.
	10 NAME OF FATHER Sublevaron	(Signed) M. D.
	11 BIRTHPLACE OF FATHER (State or country) (All Crays) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  May law	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?  Former or usual residence
	(Address) Fock Hall	Sharp vin DATE OF BURIAL OR REMOVAL
	Filed 10/29 1820 B. Zund Drudeney	Chas I hoodd bluster our
	If more banks are needed, address tate Registrar	r, 16 W. Saratogn St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farnor (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebiospinal fewer (the only definite synonym is "Epidemic cerebrys, inul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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V. S. No. 1

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	Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
	Z

PLACE OF DEATH  County A Cut Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203
Village or City Occh Halko. >	St: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Morth) Day (Year)
6 DATE OF BIRTH  (Conth)  (Day)  (Year)	that I lest saw h alive bullboyll, 192,
7 AGE  If LESS than 1 day hrs.  mos. ds. or min.?	end that death occurred on the date steted above, etm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Clarence W. Ward  11 BIRTHPLACE OF FATHER (State or country)  2 C C C C C C C C C C C C C C C C C C	(Signed)
12 MAIDEN NAME OF MOTHER, MIANY SHURLE OF MOTHER (State or country)	Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was dissage contracted,
(Informant) Lather Dather Colors (Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
Filed 9/13 1920 B. Lew Miding Registrar	20 UNDERFAKER ADDRESS  X. W. Ward (4 allu) Pocks Half
If more brenks are needed, address Stete Registrar	, 16 W. Saratoge St., Balto., Requesting V. S. No. 1.

name added hom

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coat mine, etc. wouner," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Civil engineer, Stationary fireman, etc. But in many Foreman, (b) Automobile foctory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEA. CAUSENG DEATH (the primary affection with respect to time and eausation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepers, lelangs) may be stated under the head of "contributory." carbolic acid-probably swieids. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Traemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions apswered in detail, it will prevent further correspondence. All the latter is essential and must be obtained before the certificate is permanently filed.

B

Every item of information should be carefully supplied ACE should be stated Exactly, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MANENT FOR BINDING NLY, WITH UNFADING INK---THIS IS A IF MARGIN RESERVED WRITE B

PLACE OF DEATH	0557 STATE OF MARYLAND
County Much	CERTIFICATE OF DEATH
1/111.	(93) Registration Dist. No. 200
Village or City Maskey	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Ella War	a hospital cr institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	ele 16 DATE OF DEATH Jace, 25, 1330 (Mouth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month (Day)	98. that I last saw h alive on alleus are?
7 AGE   If LESS	S than and that death occured on the date stated above, at 8 a.m.
3.2 yrs. mos. 24 da or	min)
OCCUPATION (a) Trade, profession or //	There exhould to extrume
particular kind of work	level runnind so milie
(b) General nature of industry business, or establishment in which employed or (employer)	discovered in (Duration) /4 yrs les terres.
9 BIRTHPLACE (State or country) Mary Racel	Contributory Secondary
10 NAME OF Surjace in Warwie	le (Signed) fary L Dold, Cary M. D.
of FATHER (State or country) Mary Cauch	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Susie Mander	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mary Care	At place of death yrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wook Jones	Former or usual residence
Massey, Kut Co., Me	men millington, Md. Jan. 29, 1930
Filed Jan 29 1980 Merritt 16m	ice 20 UNDORTAKET. Tobin & Son Millington Md.
If more bianks are needed, address State Reg	gistrar, 19 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spiener, (b) Collan mill; (a) Salesman. (b) Grocery; (a) Forceron, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Précise statement of ocshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer. Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook played, as At school, or At home. Care should be taken work, or At Hame, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons For many occupations a single word or term on (a) the kind of work and also (b) the If the occupation has been changed Architect, -Coul mine, etc. Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fewer (the only definite synonym is "Epidemic cerebrosphul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer inever report "Typhoid Pneumonia"); Lobar pucusonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy" ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinomu, Sarconu, etc., of "PUERPERAL septionemia," "PUERPERAL peritonitis, "Inanition, "Exhaustion," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on as fracture of skull, and consequences (c. g., sepsis, American Medical Association. .... (name origin; "Cancor" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; " "Marasmus," "Old Age, Chronie etc. valendar Nomenclature " etc.), "Dropsy, The contributory heart disease; " "Shock,"

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S. No. 1

E.

	PLACE OF DEATH	15123 STATE OF MARYLAND
1	County Recet	CERTIFICATE OF DEATH
	14	Registration Dist. No. 201
	Mollestone	
	Village or City (No.	St: Ward) (If death occurred in a hospital or institu-
	FULL NAME Promas James W	C. Cleman Warramber.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	Maried, Widowed Married  Male Mute (Write the word)	16 DATE OF DEATH  OC. 22, 1930  (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Mal 31 18 18	1 7 ' 192 D All Da 1929
	(Month) (Day) (Year)	that I last saw halive on, 192,
	7 AGE   If LESS than	and that death occurred on the date stated above, at 6.1.Qm.
	1 day hra.	The CAUSE OF DEATH * was as follows:
	yra. 0 mos. 2 ds. or min.?	
1	OCCUPATION (a) Trade, profession of	Circleral apoplayer
	particular kind of workarm Lavorer of	
	(b) General nature of industry colores, business, or establishment in	Immediate dealle
X	which employed or (employer) od a joles	Contributory
	9 BIRTHPLACE (State or country) My are faced	Secondary
	1100-11000	(Duration) yrs. mos. ds.
	FATHER has . Puture Warrage	(Signed) Larry Ly Waday Car. M. D.
	11 BIRTHPLACE	Occ. 22 1900 (Adolester wirer, Ma
	OF FATHER (State or country) Muryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Ville alivander.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER Mary Laure	At place of deathyrsmosds. In the Stateyrsmosds.
	(State or Country)	Where was disease contracted,
	1 won	Former or
	(Information recurrence Pardon Mirrae	19 PLACE OF BURIAL OR REMOVARA DATE OF BURIAL
	(Add Setterton, Md.	ME Church Cem Fond my blee 74 1930
)	Filed (2-24 1920 Mblacks Registras	BR Fellows Stillford.
	If more banks are needed, addre.s Ltate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Grocery;

Streement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septioaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

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EVERY

B	0	PHYSI-
	ECORD	d be stated EXACTLY, Py be properly classifled.
DNI	ANENT	d be stated y be prope

PLACE OF DEATH STATE OF MARYLAND County /Ceu CERTIFICATE OF DEATH Registration Dist. No.202 (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, Sug 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED OR DIVORCED (Month) ..... .....(Day) That I attended the deceased from (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. (a) Trade, profession or particular kind of work Oressura (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF \*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether FNH (State or country) Accidental, Suicidal or Homicidal. D: 18 LINGTH OF RESIDENCE (For Biospitals, Institutions, Trans-4 0 ients or Recent Residents) In the At place OF MOTHER of death Where was disease contracted, if not at place of des h? .. Former or usual residence

If more banks are needed, address tate Registrar, 18 W. Saratoga St., Balto., Lequesting V. S. 100. I.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

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V. S. No. 1

X		PHYSI- d. Exact
MARGIN RESERVED FOR BINDING	WRITE PAINLY, WITH UNFADING INKTHIS IS A FORMANENT PECORD	N. BEvery Item of Information should be carefully supplied. ACE Enould be stal. EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WR	N.BEvery it CIANS stateme

Village or City (Mark) (No. St.: Ward)  2FULL NAME	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
3 SEX  4 COLOR OR RACE  SINGLES  WARRIED  WINDOWED  OR DIVORCED  (Write the word)  6 DATE OF BIRTH  17 I HEREBY CERTIFY, That attended the deceased from  18 OCCUPATION  (a) I Trade, profession or  particular kind of work  (b) Genetal nature of industry  business, or establishment in  which employed or (employer)  19 BIRTHPLACE  (Nate or country)  10 NAME OF  FATHER  11 BIRTHPLACE  OF PATHER  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  14 MAIDEN NAME  OF MOTHER  15 BIRTHPLACE  OF MOTHER  16 DATE OF DEATH  17 I HEREBY CERTIFY, That attended the deceased from  And that death occurred on the date stated above, at 1920.  (Address)  (Nonth) (19 (Nonth	Village or City Hyesles Lows (No.	St: Ward) (If death occurred in a hospital or institu-
MADU DRILL MARRIED  MONWESCED  (With the word)  6 DATE OF BIRTH  17 I HEREBY CERTIFY, That a natended the deceased from  18 Jack Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Hat Illust saw h — alive on Apaid 1996,  that Illust saw h — alive on Apaid 1996,  Illust saw h — alive on A	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE    Month   (Day)   (Year)   (Year)	MALL D. P. WIDOWED.	, 1930
The CAUSE OF DEATH * was as follows:    Contributory   Contributor	8 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from 1920 to 1930, 1930,
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 CA ABOVE STATE OF BURIAL OR REMOVAL  (Address)  15 CA ABOVE STATE  (ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	1 day hrs.	
OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Contributory Secondary  M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfert or Recent Residents)  At place of death, yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURJAL OR REMOVAL  Secondary  M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidents and Secondary  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidents and Secondary  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidents and Secondary  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidents and Secondary  State the Disease Causi	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  15 CALLER OF MOTHER (State or Country)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfer death yrs mos ds.  Where was disease contracted, if not at place of death?  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  20 UNDERTAKER  ADDRESS	9 BIRTHPLACE (State or country) Rosk Heal Md	Secondary God DEL Mos mos de.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  OF MOTHER  (State or Country)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  State yrs mos ds.  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  WESLEY Lepte Campber April 37 19 30  20 UNDERTAKER  ADDRESS	11 BIRTHPLACE OF FATHER (State or country)  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(Informant)  (Address)	of MOTHER  13 BIRTHPLACE OF MOTHER  13 DIRTHPLACE OF MOTHER  11 JULY 1	ients or Recent Residents)  At place of deathyrsmosds. In theyrsmosds.
15 (A. 1) 90 A.	and soften	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
If your harks are needed addre a state Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.	Registrar	That A Casey Rock Hall

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re-Housemail, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of whatever, write None. household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Archilect, Locomotive engineer, But in many

Strtement of Cause of Death—Name, first, the Disease is a vosing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobur pheumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL seplicaemia," "PUERPERAL perilonilis, stated unless important. Example: Measles (disease approved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 'Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enaustion," "Heart failure," "Haemorthage, Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); diseases "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mensecondary "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, Never report mere symptoms or terminal condiresulting from childbirth or misearriage as rilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Carcinoma, Sarcoma, etc. The contributory valvular heart disease; Nomenclature Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MANENT INLY, WITH UNFADING INK-THIS IS A F WRITE

PLACE OF DEATH	10513 STATE OF MARYLAND
County Leut	CERTIFICATE OF DEATH
P	Registration Dist. No. 203
Village or City Arch Name	St.: Ward) (If death occurred in a hospital or institu-
* 2FULL NAME Still Fax.	tion, give its NAME II- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Market Orica Single, Married, WIDOWED, OR DIVORCED (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on
7 AGE [If LESS than	
l dayhrs.	
yrs, mos, ds. or min.?	
(a) Trade, profession or particular kind of work	- full find find find find find find find find
(b) General nature of industry	Myleane
business, or establishment in which employed or (employer)	(Duration) yrs. mg. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF STATE OF S	(Signed 22 M. M. D.
11 DIDTHOLAGE	Syst. 23,930 (Address) Chestutoon
OF FATHER (State or country)  Dracy land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julda Manner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	St. Irlus Cem 9/24, 1,30
15 Filed Sept 24 1930 B. Lus Dinding Registrar	Feed Williams fr. (Faller) Poels Half
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Nequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer the gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Wom-home, who are engaged in the duties of the yrs). without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebyospiral fever (the only definite synonym is "Epidemic terebrospiral meningitis"); Dinhiheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonilis, "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; Carcinoma, Sarcoma, etc. The contributory Nomenclature of the etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
IS A MANEN	. ACE should be st so that it may be pr uctions on back of
WRITE INLY, WITH UNFADING INKTHIS IS A MANNENT CORD	be carefully supplied EATH in plain terms Important. See instr
INLY, WITH UN	information should state CAUSE OF D
WRITE	N. B.—Every Item of CIANS should statement of C

PLACE OF DEATH	STATE OF MARYLAND
County Lew	CERTIFICATE OF DEATH
D 151	Registration Dist. No. 203
Village or City LOCK HAND.	St: Ward) (If death occurred in a hospital or institu-
$\frac{1}{2}$	tion, give its NAME It-
2FULL NAME / artha A.	Welliams stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesusle White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH March. 17 5	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that Plast saw h & alive on Dec 26, 1982 0
7 AGE [If LESS than	and that death occurred on the date stated above, at / 2.15 Mg
I day hrs.	The CAUSE OF DEATH * was as follows:
Mosur / J yrs. mos. ds. or min.?	The state of the s
(a) Trade, profession or	Lewis Villia fleviores.
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Mr Muser de de la
9 BIRTHPLACE	Contributory Secondery
(State or country) Maryland	(Durstion) yrs mogds.
10 NAME OF FATHER	(Signed) trace left with M. D.
11 BIRTHPLACE	Nec 36 1920. (Address) Thesetown
Scale or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causes, atate (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wartha of Sentar	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)  Maryland	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
11 11- W 11. 12.	Former or
(Informant) Is effect. W. // eller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (foct Nace.	Wesley Chapel Cem 12/28, 1930
15 Filed 12/27 130 B. Lun Studiese	Shos. H. Casey Roch Half
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—to the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the Recommendations on statement of cause of death stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); lelanus) may be stated under the head of "contributory." discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Measles ;

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V. S. No. 1

100

PLACE OF DEATH	(1937) STATE OF MARYLAND
County Keet	CERTIFICATE OF DEATH
near Warton	Registration Dist. No. 201
2FULL NAME Sarah Cather	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED OR DIVORCED LACE (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  Office 19, 1847  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 192 192 192 192 192 192 192 192 192
7 AGE  83 yrs. 3 mos. 2 Z ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Light Warricular kind of work	Orteres-selerosis.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) /5 yrs. mos. de.
9 BIRTHPLACE (State or country) Mary Rand	Contributory Contr
10 NAME OF Thomas Lea	(Signed) Jarry & Dodd, Car, M.D.
IN BIRTHPLACE OF FATHER (State or country)  Maryland  Of the North	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Cathe burnard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of death yrs ds. Un the State yrs ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Joseph Louis Meuch	usual residence
(Address) Narton, Kust Co, Mid	Chester cen Lug/3,,30
15 Filed 198 198 Hellash Registras	3 Refellows Still Pondy
If more b.anks are needed, addre.s Ltate Registro	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Former or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Farm loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stotionary firemon, etc. But in many tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Doy For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Foup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the "Inanition," "Marasum,
> "Traemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dpopsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) tetonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Meosles (disease

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD WRITE FOR BIMBING INK--THIS IS A PERMANENT V. S. No. 1

PLACE OF DEATH	10520 STATE OF MARYLAND
County Class	CERTIFICATE OF DEATH
O Fin a	Registration Dist. No. 203
Village or City Kirly Notes. Las	Team neck. " " "
Village of City VCV CA 100.	St.: Ward) a hospitel or institu-
2FULL NAME (MMA. M.	Willem etead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR BACE SSINGLE, MARRIED.	16 DATE OF DEATH TO The hours - 100 can
Engle Wlutz OR DIVORCED (Write the word)	my Suplement 1920
6 DATE OF BIRTH	(Month) (Day) (Year) (Year) (Year) (Day) (Year) (Year) (Year)
October 25 18	7- June 1 1930, to Self 11 , 1980
	Year) that I lest eaw halive on, 192,
7 AGE IIILES	
	hrs. The QUISE OF DEATH * was as follows:
	min.? Assurguella Offer
8 OCCUPATION (a) Trade, profession or	Teleno Velema
particular kind of work V Jawa	The believer . Want left to
(b) General nature of industry business, or establishment in	Mar Muller
which employed or (employer)	Talkersure Reserved
9 BIRTHPLACE (State or country)	Contributory Secondary S
many com	(Duetion)mosds.
10 NAME OF STATE OF The Class	(Signed) M. D. M. D.
11 BIRTHPKACE	26 12 1920 (Address) CRX 1100 404
OF FATHER Z (State or country)	*State the Disease Csusing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
State of country)	
of of blue Clesalstu-Dred	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)  Maryland.	of deathyrsds. Stateyrsmosds.
	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
	Former or usual residence
(Informant) Chas. B. Willson	Former or
	Former or usual residence
(Informant) Chas. B. Willson (Address) Port Half	Former or usual residence
(Informant) Chas. B. Willson (Address) Pork Half	Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Laborer-Cool mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart diseose; Example: Measles (disease etc. Nomenclature of the The contributory

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PLACE OF DEATH	1253 STATE OF MARYLAND
County All	CERTIFICATE OF DEATH
. 17	Registration Dist. No. 20/
Village or City New Member Synthesis 2FULL NAME Madge W	St: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED, ULLIN OR DIVORCED (Write the word)	
6 DATE OF BIRTH  aug / 188	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  192 3. to 7 -, 192 3
(Month) (Day) (Ye	than and that death occurred on the date stated above, at 22-10/m
D T yrs. mos. ds. or n	
(a) Trade, profession or particular kind of work work with the control of the con	(Duration) via mea / hang
9 BIRTHPLACE (State or country)	Contributory Jarry degination of
10 NAME OF FATHER John H Jones	(Signed) Jan W. Urie M. D. 10-16 1923 MAddress) Kennedyvelle
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the lisease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)  Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Halter Wilmer	Former or usual residence
(Address) mear Klundaportlo	THE PLACE OF BURIAL OR REMOVAL DATE OF BURIAL S. 1930
15 Filed Oct 18 19230 J. M. Celary. Registra	20 UNDERTAKER FOLLOWS POPESS

If more blanks are needed, addre.s Stato Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

cases, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseer," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement whatever, write None. business, that fact may be indicated thus; Famer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the gaged in domestic service for wages, as Servant, Cook Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day of Occupation-Precise statement of oc-Stationary fireman, etc. But in many single word or term on -Coal mine, etc. The ques-Wom-

Statement of Cause of Death—Name, first, the DIS. IT EALE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Certurospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; Courties, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature refanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid ascertained as the cause. Always qualify all " "Marasmus," "Old Age, valvular heart disease, affection need not be etc. The contributory "Shock," "Dropsy, death

answered in detail, it will prevent further correspondence. All the data is essential and 'must be obtained before the certificate is permanently filed.

#### STATE OF MARYLAND

CERTIFICATE OF DEATH

(1/1/	Registration Dist. No.
Village or City hulch found.	St.: Ward) (If death occurred in a hospital or institu-
neur Still Fond ma Will	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MADI CHARLE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 5, 1930 (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 2 4 1929 to June 6 , 1920, that I last saw hamalive on June 6 , 1920,
yrs. 5_mos. / 4 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Could not be
10 NAME OF FATHER Cohn Chew	(Signed) Jas W. W. M. D.
of FATHER (State or country) Chester Pa	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Fucilo Melmore.  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place In the
OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mes ds. Where was disease contracted, if not at place of death?
(Informant) Bertied Hilmor	Former or usual residence
(Address) 102 cm	20 UNDERTAKED LEMELERY June le 1930

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH

PHYSI-

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, Precians should state CAUSE OF DEATH in plain terms so that it may be properly classified. Statement of OCCUPATION is very important. See Instructions on back of certificate.

WITH UNFADING INK--THIS MARGIN RESERVED

BINDING

FOR

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housenhaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, (b) Automobile factory. The materia especially in industrial employments, it is neces-For many occupations a single word or term on Form laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL pertionitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure,
"Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); inges, perilonoeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," Whooping telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smaide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, cough; or intercurrent) affection need not be Committee on ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart etc. The contributory Nomenclature Measles ; diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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Exact PHYSI-

PLACE OF DEATH	036
County Stirl-	
Villago de City Villago de City	90
2FULL NAME Zotte UU	ilson
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, PLANCE WIDOWED, OR DIVORCED (Write the word)	16 DATE OF
6 DATE OF BIRTH about	17 1
(Month) (Day) (Y	ear) that I last as
7 AGE    If LESS   I day   or   or   or	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country)	Contribut Seconda
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Sweet Wilson (Address) Worldow P. K.	if not at place Former or usual residence
Filed Mar 6 1920 W.J. The	AS 20 UNDERT

STATE OF MARYLAND 03085 CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

one

Registration Dist. No.2 Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

6 DATE OF DEATH	ma	12 6		1930	>
**************************************	(Month	h)(I	Day)	(Year)	
17 JHEREBY C		t I attende	d the dee		m
hat I last saw h	alive on	2-4			
and that death occurred			10, at .[.[]		m,
The CAUSE OF DEATH			rl_		•••
Secondary	ites			elat	la.
Signed)	Solig	Loss	0		D.
3-6 1920	(Address)		the first the same		-
*State the Diaca Violent Causes, atate Accidental, Suicidal or	(1) Means	Death, or, of Injury	in deat and (2)	hs from Whether	
B LENGTH OF RESIDENTS OF RESIDENTS		Hospitals,	Institution	ons, Trur	18
At place of deathyramos.	ds.	In the State	yra	mos	ds.
Where was disease contract f not at place of dea.h?.	ted,	48 800 0 0 665 6677770 660 00			

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precion of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	10521 STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
mes Tolohat	Registration Dist. No. 204
Village or City / Chicker	St.: Ward) (If death occurred in a hospital or institu-
. 2FULL NAME Sillians H. Win	chalman, tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute Single, MARRIED WIDOWED Arried (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on , 192 ,
7 AGE [If LESS than	and that death occurred on the date stated above, at
64 yrs. 8 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
g occupation ds. or min.	
(a) Trade, profession day Home Ferlely	( Cochesal Nyoung
(b) General nature of industry Co. Port Be	
business, or establishment in which employed or (employer)	(Duration) yra mos da.
9 BIRTHPLACE (State or country) June Quel	Contributory
10 NAME OF Juknown	(Signed Harrey L. Nord Car'M. D.
IN 11 BIRTHPLACE	fat, 2,190 Cados ester Time Mid
Z (State or country) Marchand.	*State the I'ls ase Causing Death, or, in deaths from Violent Causes, atate (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unknown.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State of Country) (State of Country)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) L. M. M. Fee	Former or usual readence
( Huther Bros. Co. 2112 Th. Hower	Baltimore med Bate My 180.
15 File Sept 2: 1928 Frankle Fruit	Chas L. Roold Chargeown
If more b.anks are needed, addre.s Ltate Kegistra	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic scrvice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," carbolic acid—probably suicide. The n\_ture of the injury, as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," st-ted unless important. Example: Measles (disease (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic etc. The contributory valvular heart need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

10522

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PLACE OF DEATH	STATE OF MARYLAND
County / Levi	CERTIFICATE OF DEATH
Acceptance	(56)
a D Jud	Registration Dist. No.
Village or City VIII (No.	St.: Ward) (If death occurred in
	St.: Ward) a hospital or institu-
2FULL NAME austin Ur	stead of street and number.
-FOLL NAME DOUBLOUT VV C	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	
MARRIED, WIDOWED.	16 DATE OF DEATH Self 15 1030
OR DIVORCED (Write the word)	k
6 DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended the decreased from
1 Jah 1	0 01 557
ywy 1 1930	) Sept 12/h1920 to , 192 ,
(Month) (Day) (Year)	that I last saw ham alive on Sept 2 Th 1900,
7 AGE [If LESS than	and that death occurred on the date stated above, at
1 day hrs.	. The CAUSE OF DEATH * was as follows:
yrs. mos. W ds. or min.?	}
OCCUPATION	
(a) Trade, profession or particular kind of work	Richala
(b) General nature of industry	1 Marie Mari
business, or establishment in	(Duration) yts, mos de.
which employed or (employer)	Contributory unknown
9 BIRTHPLACE (State or country)	Secondary
mea la	Dargion) Troede.
10 NAME OF	(Signed) The Chartel M. D.
Mond 10	Call 11 th 22 Stranger
U II BIRTHPLACE OF FATHER	GALLO (Address) Week
Z (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME POOL	
of MOTHER Lilian Wright	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	
(State or Country)	At place in the State yrs mos ds.
	Where was disease contracted,
14 THE ABOVE IS PROPETO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) hills Wright	usual residence
an internation of the state of	PAACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) O emans ly	Colemans End Sept 16:034
15 lehly 2. Interes	20 UNDERTAKER ADDRESS
Filed 1946 1920 1.1 CERUL	RDU AD 1111 A
Registras	1) It tellows sull one

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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## REVISED, UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Spruant, Cook, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enuner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation e None. But in many

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed. approved by Committee on Nomenclature stited unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Agc," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (Recommendations on statement of cause of Letaus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY If this certificate is looked over thoroughly and all qu stions "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be

See Instructions on back of

1 <sub>PLA</sub>	CE	OF	DEATH
County		ent	

Filed June 21 1920 W.



#### STATE OF MARYLAND

ADDRESS

County Kent	06812 CERTIFICATE	OF DEATH	
Village or City(No	Registration St.: Ward	Dist. No. 202  (If death occurred is a hospital or institu	
2FULL NAME Thomas G. Wroth		'a hospital or institu- tion, give its NAME in stead of street an number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male  4 COLOR OR RACE  SINGLE, MARRIEDMarried White  White  White word)	16 DATE OF DEATH June 20		
March 2, , 858 (Month) (Day) (Year)	The CAUSE OF DEATH & was as fallenne	tended the deceased from 20 ,130 , 130	
72 yrs. 3 mos. 18 ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Cardiac Hypertrophy. Angina Pect.  (Duration) 1 yrs. mos. ds.		
business, or establishment in which employed or (employer) Merchant			
9 BIRTHPLACE (State or country) Kent Co., Md.	Contributory Secondary Acute Dilatat		
fatheBenjamin B. Wroth	(Signed) Thoa Custocker	M. D	
OF FATHER (State or country)  12 MAIDEN NAME	*State the Distase Causing Peating, Violent Causes, state (1) Means of in		
of Mother Carolene Clayton	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospit	tals, Institutions, Trans	
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents)  At place In the of death	eds	
(Informant) Hallie Wroth	if not at place of dea.h?		
(Address Chestertown, Md.	I. U. Cemetery	June 23, 130	

Chestertown If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. 1.

20 UNDERTAKER

Chas. L.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

Whooping cough; Chronic Shronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee tetanus) may be stated under the head of "contributory." "("Inanition," "Meart failure," "Haemorrnage, "Thanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, 10 ds. Never report mere symptoms or terminal condi use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid American Medical Association. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, for malignant neoplasms); Measles; Chronic valvular heart disease; op etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.